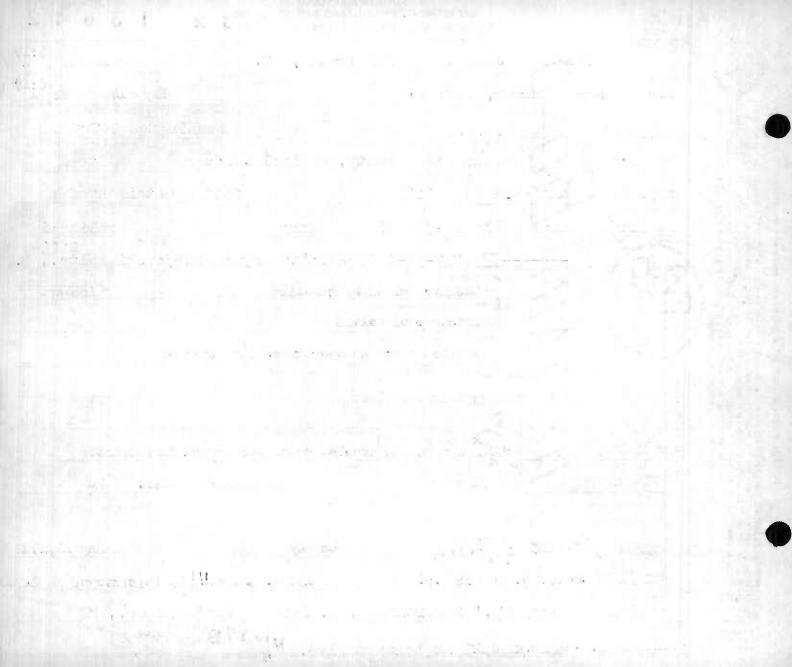
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3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE IN YE	ARS IF UNDER 1		S. 2c. DATE	MONTH DAY YEA	
	ma	0		1941 41 v	RS.	HOURS MIN.	PRONOUNCED DEAD	. 17	2 A
1	FOR	THPLACE (STATE OR	7b. CITIZEN OF W		8 MARRIED D	NEVER MARRIED	-	ton County	,
10		ryland Y OR TOWN OF DEATH	U.S.	PITAL NURSING HOM	E, OR OTHER INS	TITUTION 12a. I	JSUAL OCCUPATION (TYP	FOFWORK 126 KIND OF	BUSINESS
7		agerstown		n gton Co		ospital İ	Moldman	Stee.	L
113	a ST	RESIDENCE I FINN HIS CO.	INTY	130. CITY OR TOWN.	ON) 13d. IN	SIDE CITY LIMITS? 13e S	STREET ADDRESS 1911 Moun		
	_	ryland Ba.	ltimore	21234		OTHER'S MAIDEN NA		tain Aven	ie
0	-	eonard Geo	rge Ar	ndrze jewsk		Mary	WIDDLE	Bruling	ski
16	6a. W.	AS DECEASED EVER IN U.S. A		165. SOCIAL SECURIT	Y NO. 17 IN	FORMANT	ADDRESS	2.	1234
L		No			635 Ju	anita Ka	y Andrzeje	wski Balte	o., N
		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	SED BY:	for (a), (b), and (c).)	manarir e	mboliem	444	APPROXIM BETWEEN ON	ATE INTERVAL
	5	8190 IMMED	MIL CHOSE (0)	AS A CONSEQUENCE		MOOTISM	समय	Insc	allu
Г		Canditions, if any, white gave rise to immedia	th (b) 1	racture of	pelvis				1
		cause (a) stating the underlying cause last.		AS A CONSEQUENCE					
		PART 2 DTHER SIGNIFICANT CONDITIO	/ (c)				arm tractor		
		THAT I WILL STORM TOMOTHE	COMMISSION TO SCALE	DOT NOT RECATED TO THE TERM	INAL DISCASE OR CO	TOTAL OFFER IN PART 1 (g).			
	0			TION FOR WHICH OPER	ATION WAS DE				
-	CATIO	190. DATE OF OPERATION	19b. CONDI	HON FOR WHICH OPER	ALION WASTE	REORMED?		20. AUTOPS	5Y?
	RTIFICATION							YES 🏗	
	CERTIFICA	210. EXTERNAL CAUSE WAS	21b. TIME Q	INJURY	21c. HOW IN	JURY OCCURRED (EN	rer nature of injury in item 18	YES X	
	EDICAL	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING A CAUSE O 21d. INJURY OCCURRED	21b. TIME OF HOUR 365 F DEATH 0 200 P.N	INJURY MONTH DAY YEAR APT 24 1982 OF INJURY LATHOME,	21t. HOW IN Crushe	duny occurred (EN	erturned far	YES X PARTIOR PART 21 PM tractor) NO [
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Treating states agreed agreem. of the late and single 101.00 102 5 m27 Historian Park. County despited Jonaralley | Loty | Herita Lance Fulken McCommelledwing a FDW1 Dox 211 [] Allie duncy suchinburgh becomes the Feley El en stron doundstitute anyou diec 20-272 2: Li say

Eartol 6-3-62 Na. Vet. Leaviery Landschut, .d., Nd.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physicion.

P	41	
	OX	
	11	

within 24 hours ofter death. Page

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

-	NEO IOTATA						REG. NO			
	PE OR PRINTI	Helen		niše		htell	May 28,		DAY YEAR	26 HOUR
3. SE	EX		RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24
2	Female		White			1, DAY 1924 EAR	58	YRS	NONTHS DATS	HOURS
	COUNTRY!	RFOREIGN		WHAT COUNTRY?	8	D NEVERMARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
	aryland		U.S.A		WIDOWE	DIVORCED	Washington			
H	Hagerstown Hagerstown Hagerstown Hagerstown Hagerstown		ty Ho	spital	(TYPE OF WORK FOR MOST OF Housewife		12b. KIND O INDUSTRY Hom			
13a.	JAL RESIDENCE (IF NU STATE Md.	13b COUN Wash	ſΥ	13t. CITY OR TOWN Cavetown	N	13d. INSIDE CITY LIMITS?	P. O. Box	27		
14.E.	ATHER'S NAME		UDDLE			15 MOTHER'S MAIDEN NA				
1	Calvert			Stottle	•	Maude	MIDDLE L.		EC	card
	WAS DECEASED EVE		WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S	41-12	
	no	(# 123, 011	• DATES	216-14-	5160	Mr. Arthur K	. Bachtell,	Cavet	town, M	d.
MEDICAL CERTIFICATION	Conditions, if on gove rise to in couse (o), stotunderlying course to the couse (o). Stotunderlying course to the couse (o), stotunderlying course to the couse (o), stotunderlying course to the couse of the couse	y, which mediate ing the se lost GNIFICANT CO	19b. CONDITIONS CO	A AS A CONSEQUE TION FOR WHICH OF TINJURY M. MONTH DA M. DE INJURY	NCE OF NCE OF NCE OF DEATH BUT OPERATIO Y YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCORR 211 LOCATION	200 AUTOPSY? YES NOTE: 206 IF YES, IN CERTIFY YES	WERE FINDIN YING CAUSES INT I ORPART 2)	GS USED OF DEATH? NO	
W	220 I certify that (l) (<u>the hospit</u> sed alive an	4	1/28 108	2 . or	of that in (my) (authorition of DEGREE ATTENDING	AAPSICAL STAEE	22, 1 e ond hour	ond from the c	
	BURIAL, CREMATION (SPECIFY)	R.				PHYSICIAN (2) 270 ADDRESS 239 H466 EMETERY OR CREMATORY	DIRECTOR DIVISION POTE ERSTOLE 23d. LOCATION CITY OR TOWN	on y		1740 STAT
24 F	Davis Fun	Jen	nio 7	ADDRES TO	V	awn Mem. Park	Hagersto	Win L	Reserved to	A.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detoched far use as the burial-transit permit. Then please remove carbonpapers. Page: — nd _ should be filed with n72 hours of with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remayol.

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6		FOR		DI	STA EPARTMENT OF		ARYLAND AND MENTAL H	YGIENE 1)	1 3	8 4	6
9		STATE REGISTRAR			ICAL EXAMIN			F DEATH	REG. NO.	0	
		CEASED NAME	FIRST		MIDDLE	L.	AST	2a. DATE I		NTH DAY YEA	Zb. HOUR
EL SES SES SES SES SES SES SES SES SES S			OHN	mil	TON	-	KNER	DEATH	MATED	AY 16198	21PM
25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 SEX	1. RA		DATE OF BIRTH	YEAR LAST BIRTHD		DER 1 YR. IF UNDER	MIN PRONOUN	CED	DAY YE	AR 2d. HOUR
THE PARTY OF THE P	To BI	RTHPLACE (STATE OR		CCT 26 B. CITIZEN OF WHA	04 77 YE	RS.		DEAD 9 RAITIM	IN OPECITY OF CO	UNTY OF DEATH	
NATION OF STATE OF ST		Penna.		U.S.A		MARRIE	D NEVER MARR	ED 🔲	A / Am		./
25 S S S S	10. CI	TY OR TOWN OF DE	ATH 1	I. NAME OF HOSPI	TAL, NURSING HOME			12ª USUAL OCCUP		7/NG 70	BUSINESS
DELAY IS NECE TO THE RUNES TO T		lagerstewn	W	Jashington	County H	spita	2]	self-emp	The state of the s	or indu	
D. 21201 IF ANY DELAY IS N. 2, AND 3 TO THE FL. 3 RETAIN PAGE 5 SHOULD BEELED, ALRECORDS, 201 W.	USUA 130. S	L RESIDENCE (IF IN N	INSTHOME OR C	THER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN	ON)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES			-
A A MONTO		Penna.	Fran	klin	Waynesber		YES NO	7606 Men	ntzer Ga	p Rd.	
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 FA	THER'S NAME		MIDDLE	LAST		IS. MOTHER'S MAIDE	All	DDLE	LAST	\$3-174
TUMORE F PACES F PACES TORM I	16g. V	Charles		D FORCES?	Bakner	(NO I	Almeda 17. INFORMANT		ADDREAS	Shecke	
BALTIN S AFTES GIVE PI TITH FO PAGES WISION	{ Y	S, NO, OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	180-26-68			+ F Banna	7654	Mentzer	Gap Rd.
LINE PA			TH (Enter anly a	ine cause per line fo		150 k	Mrs. Rober	CF. DOTHE	I Wayne	APPROXIA	AATE INTERVAL
# SCOEW		PART I DEATH V	VAS CAUSED B	Υ:	854 CI	MAN IN	case byal	in lury		BETWEEN OF	SET AND DEATH
ESTON ST SIN 24 HO IN ITEM I IN ITEM I SIT PERMI HYGIENE MOVAL	5	8147			S A CONSEQUENCE	OF .		0/			
MITHINGER SANS REAL	-	Canditians, if gave rise ta		(b)	AUTO ACC	1 den	T		T CONTRACT		
PEN AMILE TA		cause (a) statin- lying cause last		DUE TO, OR A	S A CONSEQUENCE (OF					
S. 26 ECUT IND A PURISH		PART & RIVER CICAUTICA		(c)							
RECORDS D BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECUTED	Z	, PAKI Z DIMEK SIGNIFICA	HI CONDITIONS EDN	ITRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE D	DR CONDITION GIVEN IN PA	RT 1 (a).			
MED B	CERTIFICATION	190 DATE OF OPER	ATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WA	S PERFORMED?			20 AUTOP	SY?
A Series	TIFIC	Abv. 1 1	4 92	Though	e 1. Karne	oral T	potoliteal a	vTon		YES [
OF V THE WENT OF WATE S	CER	210 EXTERNAL CAL		21b. TIME OF II	NJURY MONTH DAY YEAR	21c. HO	WINJURY OCCURRE	D LENTER NATURE OF INJ	RY IN ITEM 18 PART 1	OR PART 2)	
ON THOUSE THE CONTRACT OF THE	MEDICAL	CONTRIBUTING	CAUSE OF DEA	ATH 850 P.M.	Apr 14198	2 7	edestrir	- STruck	by e	4-	100
DIVISION S CERTIFIC S CERTIFIC S CERTIFIC SET S S CERTIFIC SET S S C C C C C C C C C C C C C C C C C	MED	21d. INJURY OCCUR	RED WHILE	21e PLACE OF STREET, FACTOR			REET	CITY OR TOW	N	COUNTY	STATE
WRANA WARANA WANA W	0	WHILE NOT AT WORK	VORK 7	1	1WAY	1291	islative RT	29024	111	Frankli	1 Ta
PARES OF THE STATE		22a. I certify that	I taak charge a	of the remains descri	bed abave, held an	Autapsy	, Inspection	n Inquiry	🚺 , and in n	ny apinian	
BE BE LES	9	death resulted fram	n. Natural	tauses	ccident 💢 , Sui	cide ,	Hamicide	Undetermined mai	nner,		
WAY WAY		ACTUAL (XV'	11/12	Va long	11	TITLE (SPECIFY)	8	D	ATE MA-	1 1682
SHC SHC		SIGNATURE	W.	1.1		M.D	- exp	MEDICAL EXAM	NER SI	GNED / 1/F	1000
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AND FOR DEAD AS SHOULD BE SHOULD BE USED AS A BURIAL-TRAINST FAFE DEATH OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRAINST FAFE DEATH AND MENIAL HYGIE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		EXAMINER'S NAME (TYPE OR PRINT)	H.1	V. Week	5	A	DDRESS 580 N	orthoun Av	HADON	SUNN, HE	el
5245AB	23o. Bl	JRIAL, CREMATION,	REMOVAL 236.		23t. NAME OF CEA	AETERY OR	CREMATORY	236. LOCATION		COUNTY	STATE
BP		Burial		5/19/1982	Quine	Cme	tery	Quincy	Frank	lin Pe	nna.
DHMH - 17	24. FU	INERAL DIRECTOR	com	ADDRESS			25a. DATE	REC'D. BY REGISTRAF	756 REGISTRA	SIGNATURE	
(VR A15 ME (5))		LARGE!	7/9/4	Z Wayne	sbere, Pen	na.	IVIA	Y 2 0 1982	innen	Jan 76:	760.

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STATE OF MARYLAND

	1 - STATE REGISTRAR				CATE OF DEATH	REG. NO.		
	I. DECEASED NAME	FIRST	MIDDLE	LA	(ST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		ward G	eorge	BA	LFE	May 22,	1982	M
	3 SEX	4. RACE		DATEO		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	male	whi	te S	Sept	. 12, 1923	58 _{YRS}	MONTHS DATS	HOURS MIN.
_	To. BIRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
5	Connecticut	U.S.	Λ Ι	IDO WEL		Washing	ton	MD.
5	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING H			120 USUAL OCCUPATION		F BUSINESS OR
1	Hagerstown	Washi	ngton Cour	nty	Hospital	V-Pres. Marke	ting Ind	ianhead
7	USUAL RESIDENCE (IF NURSING 130 STATE Michigan	COUNTY Oakland	Southfield	AISSION)	13d. INSIDE CITY LIMITS?	23484 Ranch I	Hill West	10
0	George	T.	Balfe		Bertha	AE AIDDLE	Gamach	le
3	160 WAS DECEASED EVER IN 1915, NO OR UNKNOWN; 1	U.S. ARMED FORCESP. FIEL GHE WAR DRIJATES!	146. SOCIAL SECURITY	: NO.	Mrs. Shirely	Balfe, Southfi	eld, Mic	higan
	PART I, DEATH WAS	Enter only one couse per CAUSED BY: MEDIATE CAUSE (a)	CARDIO	3 1	ALREST.	* 1	APPREIX BETWEEN	MATERIAL DESET AND DEATH
	Conditions, if any, w	DUE TO, OI	AND TIO	18 N	cepholopox	thy		
	gave rise to immed course to stating	liate				The coal	200	
	underlying enime	lough	11 11 11 11 11	100	IN COLUMN TO I	- I I I I I I I I I I I I I I I I I I I		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT

THE TIME OF INJURY ZIA ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR CE CONTRIBUTING [] CAUSE OF DEATH

TIE. PLACE OF INJURY

19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

THE HOW INJURY OCCURRED. I THAT IS NATURE OF PAGEST ON THE REST OF PART OF

NO

CITHOLTOWN

70s AUTOPSYN

YES.

70k IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

31409

NO T

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

N. DATE OF OPERATION

HCT WHEE

The I certify that (I) (this hospital) attended the deceased from

AT HOME STREET, FACTORY, OFFICE FARM, ETC.).

72* ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

May 26,1982 23s. BURIAL, CREMATION, REMOVAL burial

231. NAME OF CEMETERY OR CREMATORY Holy Sepulchre

DEGREE

Southfield, Oakland, Michigan

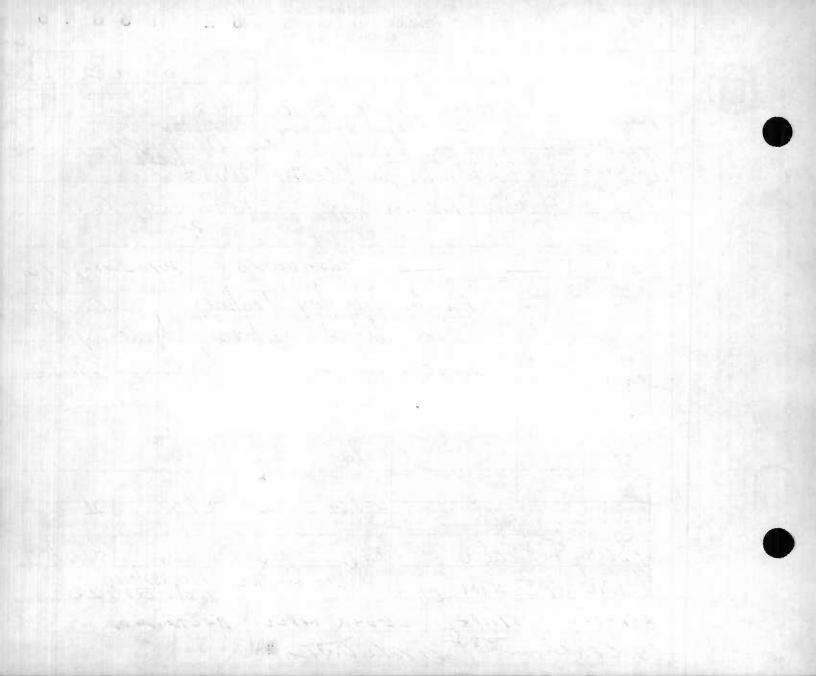
²⁴ FUNERAL DIRECTOR MINNICH FUNERAL SHOME 415 E. Wilson Blvd., Hagerstown, Maryland 21740

D BY REGISTRAR THE REGISTRAR'S SIGNATURE

. A STATE OF THE PARTY OF THE PAR

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

Assista H. - Assista

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den a. 355, d. Souissone, M. 20715 MALE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REC	-NO				

	REGISTRAR		CERTIF	ICATE OF DEATH	REO. NO	D			
	DECEASED NAME FIRST	MIDDLE	i	IAST	20 DATE OF DEATH	MONTH D	AY TEAR	2b HOUR	
1	Margery Margery	NMN	B	IXLER	May 7, 19	982	1		
3		I. RACE	IS DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
	female	white	Aug.	24, DAY 1887	94	YRS	ONTHS DAYS	HOURS MIN	
170		L CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH		
	Marvland	USA	WIDOWE	D NEVER MARRIED X	Wash	ington	1	MD.	
		1. NAME OF HOSPITAL, NURSIN	IG HOME C		12a USUAL OCCUPATI			BUSINESS OR	
	Hagerstown	Avalon Manor N	ursin	g Home	TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY		
U	SUAL RESIDENCE (IF NURSING HOME OR O BE STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	77.5			
1		ington Hagerst		YES NO	28 S. C	Cannor	n Aven	ue	
14	FATHER'S NAME	IDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		19		
Н	William H. Biz			Emma E.	Sadtler		LAST		
16	WAS DECEASED EVER IN U.S. ARM		JRITY NO.	17 INFORMANT	ADDRE	SS			
	(YES, NO OR UNKNOWN) (IF YES, GIVE '	219-54-	1013	Kenneth Sna	pp,Hagerst	own,	Md.		
F	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), one	die				APPROXIA BETWEEN O	MATE INTERVAL NSET AND DEATH	
	PART I. DEATH WAS CAUSE OBY: Congestive failure								
	2500	DUE TO, OR AS A CONSEQUE							
	Conditions, if any, which			atheroscle	rogie				
	gove rise to immediate			a uncluded	10313				
1	couse (a), stating the underlying cause last.	Diabete		11: +00					
	PART 2 OTHER SIGNIFICANT CO				IN AL DISEASE OR CONT	DITIONICAL	NI IN I DADT N		
1 2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Recurrent Urinary tract infections								
Septies ATION	Recurren	19b CONDITION FOR WHICH			20g AUTOPSY?	120h JE YES	WERE FINDIN	GSTISED	
1 5						IN CERTIFY	ING CAUSES	OF DEATH?	
3	None	21b. TIME OF INJURY	-	21c. HOW INJURY OCCURR	YES NO	YES		NO 🗌	
2.4			AY YEAR	THE TIES OF MAJORIT OCCORN	LENIER NATURE OF INJUR	IT IN HEM IS PA	RITORPART2		
ASDICA!	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. none	19		•	- •			
1 24	21d INJURY OCCURRED	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
П	AT WORK AT WORK	None	88.00	52		-	-02 -	-	
ı	22a.1 certify that (1) (this haspita			26 19 81				hot (I) (we) last	
	saw the deceased olive on obove, (1) (we) (did) (did not)	view the body offer death		nd that in (my) (our) opinion o	death occurred on the do	ate and hour			
1	22b. SIGNATURE	11/1 10		DEGREE	MEDICAL CYA		22c DATE S		
	INW.	ash Me	2		MEDICAL STAF	IAN	5-7	-82	
	224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS			11.00		
	William W	. Lesh M.D.		411 Divisi	on Ave H	agers	stown,	Md	
23	a. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	burial	May 10,1982 F	Rose I	Hill Cemetery	Hagersto	wn, W	ash.,	Maryland	

DHMH-16 50M 1/B1 (VRA 15, 4)

morked or Item 18 shows

should be detoched for use as with the State Dept. of Health IMPORTANT: If them 21 is mort

PARE MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

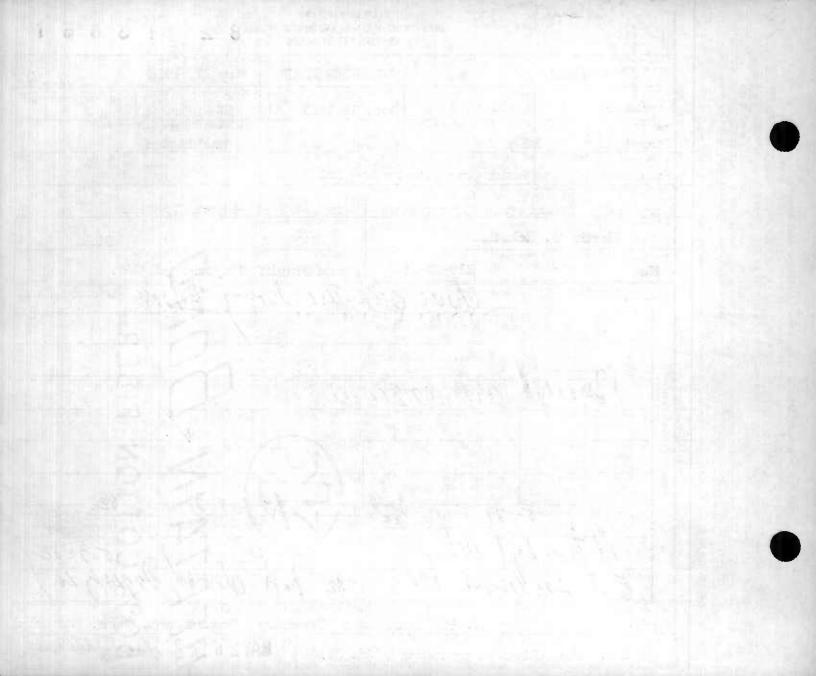
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	1 - STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH REG. NO.							
	1. DECEASED NAME FIRST (TYPE OR PRINT) Hattie	Mae	BLI	CKENSTAFF	May 21, 1982	OAY YEAR 26 HOUR				
	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.				
	female	white	Dec.	14,1903 YEAR	78 _{YRS}	MONTHS DATS HOURS MIN.				
1	To BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y2 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
5	Maryland	USA	WIDOWE		Washington	MD.				
	10 CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Washington Cou	JRSING HOME OR OTHER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR				
L	USUAL RESIDENCE (IF NURSING HOME	1	-	ospitai						
3	13a. STATE 13b COL		NWC	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 4 North Avenu	ıe				
2	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA						
	Martin T.	Eckstine		Mary	WIDDLE	Dick				
	168 WAS DECEASED EVER IN U.S. A			17. INFORMANT	ADDRESS	37				
	No No or unknown	No No OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-20-2			f, Hagerstown, M	1d.				
7	Conditions, if ony, which gove rise to immediate couse to istoring the underlying cause lost. PART 2 THEFT SETS IT IS A 198 DATE OF OPERATION	196 CONDITION FOR WHICE	DUENCE OF	N WAS PERFORMED	YES NOT YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
7	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE points) attended the deceosed from (1) view the body after death).	9/4 92, or	211. LOCATION STREET . 19 5 nd that in (my) (aur) opinion of	CITY OR TOWN CITY OR TOWN deoth accurred on the date and hould be detected by the detection of the date of of the	COUNTY STATE STATE 19 , that (h) (we) lost				
-	230. BURIAL, CREMATION, REMOVA (SPECIFY) burial	May 24,1982		EMETERY OR CREMATORY aven Cemetery	23d LOCATION CITY OR TOWN Hagerstown, V	Wash., Maryland				

DHMH - 16 50M 1/81 (VRA 15, 4)

burial May 24,1982 Rest Haven Cemetery

14. FUNERAL DIRECTOMINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740



A.K. Coffman Funeral Home, Inc., Hagerstown, Md.

(VRA 15, 4)

STATE OF MARYLAND

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A.K. Coffman Funeral Home, Inc., Hagerstown, Md

(VRA 15, 4)

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1	FOR STATE			DEPARTMENT O	F HEALTH	AARYLAND I AND MENTAL H	()		3 8	8 5	5
	REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE C	F DEATH	REG.	NO.		
	PECEASED NAME			MIDDLE	-	LAST		ATE KNOWN OF ESTI-	MONTH	DAY YEAR	76 HOUR
	6,1	Sarah		Ellen		DENBURG		ATH MATED	- Mey	30 1982	1019M
3. S	emale	White	5. DATE OF BIRTH	1892 LAST BIRT	YEARS II UT		MIN: PROI	DATE NOUNCED DEAD	May 3	DAY YEAR 9 2	24. HOUR - 10 13 M
	BIRTHPLACE (ST. FOREIGN COUNTRY)		76. CITIZEN OF W		8. MARR WIDOV	IED NEVER MARR	IED 🖳	LTIMORE CIT	- /		
	CITY OR TOWN O			SPITAL, NURSING HO				CCUPATION I	1	0 H 12b. KIND OF B	MD.
4	Hagers		Washin	gton Co.	Hosp		FOR MOST O	of working Life) memake	r	OR INDUS	
13a.	STATE STATE	1131/COUNT		13c. CITY OR TOWN Myersvi		13d. INSIDE CITY LIMITS?	13. STREET A	DDRESS 8 Wolf	svill	e Road	E
14.	FATHER'S NAME FIRST George	e N	MEDIE	DeLawter	1 2	15 MOTHER'S MAIDE FIRST Marga		Virgin	ia	Shuff	
160.	WAS DECEASED	EVER IN U.S. ARM	AED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT			SS 1134		Esvill
	NO. OR UNKNOW	VN) (IF YES, GIVE V	VAR OR DATES)	213 74	7996	Mrs. Bas	sil Gr	ossnic		8 WOII	
	18 CAUSE OF	DEATH (Enter only	y ane cause per lin	e far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL
	CO		E CAUSE (a)	Cardiac	Arr	est dus	In	duction	4	4517	vei .
7	83	s, if any, which	DUE TO, O	R AS A CONSEQUENC	E OF	- /			1.00		
-	gave rise	e ta immediate	(b)	thes thesis	1 4	Sodium	Pento	Hezl.	N_9	795	
	lying caus	stating the <u>under</u> - se last.	DUE TO, O	r as a consequenc	E OF						
	PART 2 OTHER SIG	NIFICANT CONDITIONS C	DATRIBUTING TO DEATH	RUT NOT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN IN PA	RY 1 (a).				
O		grene	Small	bowed]	oe t			10010	S		
MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	196 COND	ITION FOR WHICH OP	ERATION W			-		20 AUTOPS	(?
TIFF											NO 🗆
CER	210 EXTERNA		216. TIME C HOUR A.	OF INJURY M. MONTH DAY YE	AR	OW INJURY OCCURRE	D (ENTER NATUR				
ICAL	CONTRIBUTIN	IG CAUSE OF D	EATH O MA	M. (174 30 19	12 /		duct	ou Au	es the.	312	
MED	21d. INJURY O WHILE		STREET FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	/ CITY	OR TOWN	COUR	NTY	STATE
-	AT WORK	AT WORK	Hos	pita/	Ki	ng St.	Hager	-Stowa	1 W	1254	Md
	220 I certify	y that I taak charge	e af the remains de	escribed abave, held an	Autap	sy Inspectia	n . In	quiry .	and in my api	inian	
	death resulte	d from Nature	al causes .	Accident ,	Suicide	, Hamicide .	Undetermin	ed manner],		
	A C71141	100		. //		TITLE (SPECIFY)					
	SIGNATURE	/dward	W. H	iff TO	N	Deputy	MEDICAL	EXAMINER	DATE	May 3	1,1982
	EXAMINER'S N		rd W.	Diffo TIL	CM	ADDRES 217 W	. Wash.	St. Ha	gersto	role Mc	1
23a.	BURIAL, CREMAT	ION, REMOVAL 23	b. DATE	23c. NAME OF C	EMETERY C	R CREMATORY	23d. LOCAT	ION	COUNT	TY	TATE
	Bur		6-2-82	St. Ma:	rks C	emetery	Wolfs	ville	Frede	rick	MD
24	UNERAL DIRECT	MUO ~	ADDRES	M const	yers	ville 250. Min	REC'D. BY REG	ISTRAR 256 RE	GISTRAR'S SI	GNATURE	
8:	ittle-R	icketts	Funera	al Home	MD	0.01	- 13	OF L	N.		
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rich Ellen Elan wastern in disease Jagerstone cashington o conficient monomaker Back Billion Botto v Callerine Spinson invitors that states are as a trace of the same 213 74 7996 Deal world ground colle vist beingberg ellivation verbene sake the Se- of faity

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENEO

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	1-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
		CEASED NAME FIRST OR PRINT) Achie	MIDDLE	Bu	rkett	MAY 24	MONTH D	82	26 HOUR
	3 SEX	Female	White	5. DATE C	SCh 25, 1908	6 AGE (IN/EARS LAST BIRT	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		Tenna.	Th. CITIZEN OF WHAT COUNTR	MARRIEI		9 BALTIMORE CITY O	oing	for C	O., MD
9	K	lagerstown	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY OF STR		pe for	120 USUAL OCCUPATION OF SEAMS TO		12b, KIND OI INDUSTRY	MARINESS OR MARINE
5	1	Md. 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	RD 6-	Box	133	
C		HENRY	Wentlin	9	15 MOTHER'S MAIDEN N	ma MIDDLE	See/e	er last	
-		VAS DECEASED EVER IN U.S. ARN YES, NO O'DINNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SE 175-0	3-1965	Charles L	Buskett-		Hagers	town pro
,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		Aand (C)	ocarlist.	deferetion	1	BET WEEN C	MATE INTERVAL DISET AND DEATH
		Gonditians, if ony, which	DUE TO, OR AS A DINSE	OBENCE OF K	2			10%	fran
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	OUENCE OF		0	5718		
	TION	PART 2 OTHER SIGNIFICANT CO	y'c Keck	10515	17 16-1	Extremit	91	7	
2	CERTIFICATION	190 date of operation	196 CONDITION FOR WHI	ICH OPERATIO		YES NO	IN CERTIFY YES		
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT. (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT I OR PART 2)	
ŧ	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	CE FARM, ETC)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE

STATE

that in (my) (our) opinion death accurred an the date and hour and from the causes stated ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

220	DATE	SIG	NED,	19
1	1/2	1	11	
15	//	6 1	/ (/	4

27b. SIGNATUR

220.1 certify that (1) (this hospital) ottended the deceased from

saw the deceased alve an abave (1) (Nye) (did) (did per view the bady after

231 NAME OF CEMERRY

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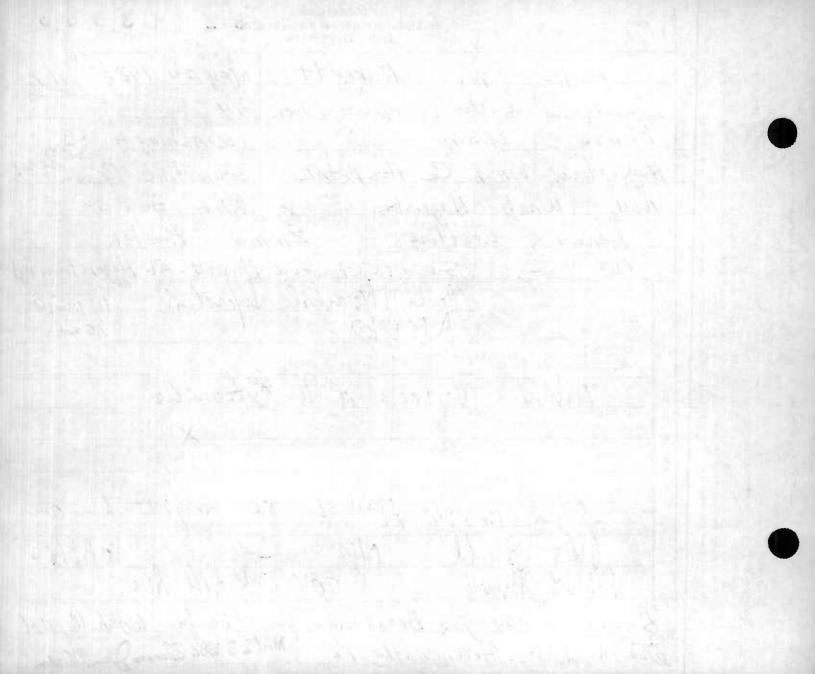
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove as with the State Dept of Health and Mental Hygiene prior to burial, crematian,

ATTENDING

HOSPITAL

IMPORTANT: If hem 21 is morked or Item 18 sho



Sellers Funeral Home, Chambersburg, Pa.

CARRED CALL CARREST Latter in bring homesome 19 les Subdust Clor 28 PAG KE FOLK DE THE PAGE

	1.	FOR STATE REGISTRAR	DEPARTMENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 2	13	6 5 8
		CEASED NAME FIRST EORPRINT) Edwar	ed Leslie	AST OSS DE BIRTH DAY / OSS	20. DATE OF DEATH MAY 26 6. AGE LINYEARS LAST BIRTH 75	, 1982	YEAR 26 HOUR RIYEAR IF UNDER 24 HRS. DATS HOURS MIN.
2017	7n. 8	196.	WIDOWE		9 BALTIMORE CITY OF	county of DE	ATH GO, MD
00	K	lagers lown	11. NAME OF HOSPITAL, NURSING HOME C	our Rd.	120 USUAL OCCUPATION OF THE PROPERTY OF THE PR	WORKING LIFE) IND	KIND OF BUSINESS OR
35	illa :	AMESIDENCE (IF NURSING HOME OR C	THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION TY 13/CTY OR TOWN HAGE'S DUTY	13d INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NAM	13e STREET ADDRESS	ongmen	dow Rd.
J.10		George	4. Coss	FIRST	a Kei	ynold.	S LAST
s. Pages e medica	160 \		MAE OR DATES! 265-36-7267	Bortha H.	Coss -	Hagers-	gmeadors Rd
signed by the attending plan please remove carbons in burial, cremation, or reminy, or other troumotic eve	z	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause lol. stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO		NOT RELATED TO THE TERMI	NAL DISEASE OR COND	OITION GIVEN IN P	PARTIO
ene prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
d Mentol Hygi d Mentol Hygi d or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, ETC.)	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY		
or use as th of Health on 21 is marked	2	WHILE ATWORK ATWORK 220 I certify that (1) (this bosoute sow the deceased give in above, (1) (we have the formation)	al) attended the deceased from	nd that in (my) (our) opinion d	to 5-2	6 19 F	, that (I) (we) last
detoched to tote Dept o		above, (1) (we) (although for)		DEGREE ATTENDING	MEDICAL STAFF	720	DATE SIGNED
should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (IM)	Spencer	1198 Kent	by Ace G	Logensto	wn and
	230	NIPAL, CREMATION, REMOVAL	3/29/82 Reiff	LAETERY OR REMATORY	231 DOCATION CITY OFFICEN REC'D. BY REGISTRAN	WASI	1. 6. md
6 50M 1/81 3 15, 4)	7	The Market of Share	Par Caragosesson A	P 25a. POT	VI 14K	chance &	marilla are-

STATE OF MARYLAND

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with the work and the state of PAGINERITAS CHECKS DO IN TRANSPORT HIMPLON THE RESERVE ASSESSMENT OF THE PARTY OF THE P THE AMERICAN CONTRACTOR OF THE PROPERTY OF THE Laboratorial International Company of the Company o

415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

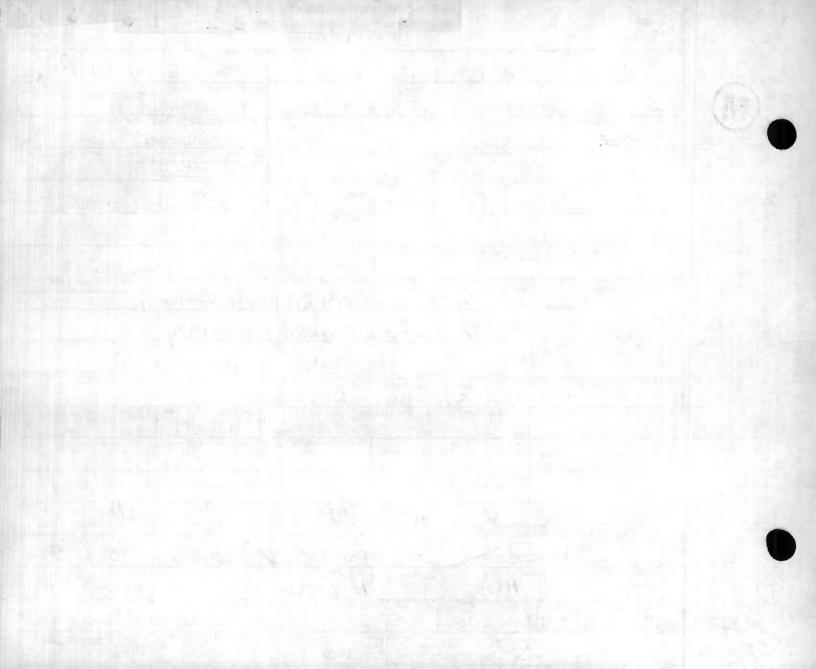
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79



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3	FOR FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 1 3 8 6 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
A8482	GOOK CHANNEL	WILLIAM MIDDLE	BARD Reace			May 13 1982 1440			
	male cauc	5. DATE OF BIRTH DEC 6 DAY 1911	6 AGE (IN YEARS IF UN LAST BIRTHDAY) MONT 70 YRS.		MIN. PRONOUNCED May	13 19 82 A M			
S FORES	O BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANTA	U.S.A.	WIDOV		WASHINGTO	MD.			
Se File	Hagerstown	II. NAME OF HOSPITAL, N UF NOT IN SUCH FACILITY, GIVE Washington	County Hosp		12a. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) farmer	e of work 12% KIND OF BUSINESS OR INDUSTRY farming			
13	USUAL RESIDENCE I FINN 130. STATE Pennsylvania F.	DUNTY 13c. CI	CE BEFORE ADMISSION) TY OR TOWN TRAN TWO.	13d. INSIDE CITY LIMITS? YES NO.	16332 Cumberla	and Highway			
8	A. FATHER'S NAME Charles	David	Coy	15. MOTHER'S MAIDE	Blanche	Bard			
3	no		0-09-9230	Mrs. Anna		cland Highway			
HEALTH AND MENTAL HYGENE, DAY, CREMATION, OR REMOVAL.	Conditions, if ony, we gove rise to immed couse (o) starting the unitying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS	DIATE CAUSE (o) GUTSTA DUE TO, OR AS A CO (b) depre	ession ONSEQUENCE OF OOWel CA, co	lostomy, met	tastasis, and pa	in 48 hrs			
D, 21201 PRIOR TO BURIAL.	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATION W	AS PERFORMED?		20 AUTOPSY?			
3	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR AND MONT	11 1982 sel	f-inflicte	d gunshot wound	PART 1 OR PART 2)			
	UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM		CATION STREET	CITY OR TOWN	COUNTY STATE			
2	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL	horge of the remains described of lotural causes , Accidental R. T. M. C.		Homicide TITLE (SPECIFY) ADdeputy 138 E	Undetermined monner	DATE May 13,1982 SENED May 13,1982			
AFIEK DEATH, WITH THE STATE BACTIMORE, MARYLAND, 2120	23a. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c	NAME OF CEMETERY C	OR CREMATORY	23d LOCATION	COUNTY STATE			
I - 17 ME (5))	Burial 24 FUNERAL DIRECTOR Mervin O. Foge	2 / 117	Otterbein Ce 2 W. King S ippensburg,	25a. DATE R	REC'D. BY REGISTRAR 256 REGI	Franklin, Penna.			

ME . I will be the second of the · Autor ent senso, The state of the s MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENES 2 REG. NO.
I. DECEASED INAME	First MIDDLE Ruth	Cramer	May 6, 1982
3. SEX Female	4 RACE White	June 5, 1905	6 AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 1 MONTH'S DAYS HOURS
BIRTHPLACE (STATE OR FORE COUNTRY) Maryland	Th CITIZEN OF WHAT COUNTY	NTRY? 8. MARRIED NEVER MARRIED WIDOWED DNORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Washington County
Hagerstown	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) OUNTY HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE 126. KIND OF BUSINE INDUSTRY
Maryland N	Home or other institution, give residence to COUNTY 13c CITY OF Hage	rstown YES NO	851 Pennsylvania Avenue
David	H. Andrews	15 MOTHER'S MAIDEN FIRST Laura	F. Devilbliss
160. WAS DECEASED EVER IN {YES, NO OR UNKNOWN} (IF YES, GIVE WAR OR DATES)	9-1053 Etta F. Ca	803 Pennsylvania Aver llaway Hagerstown, Md.
PART 2 OTHER SIGNIF	diote the lost DUE TO, OR AS A CON	SEOUENCE OF	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
190 DATE OF OPERATION	ON 196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
	USE OF DEATH HOUR A.M. MONTH	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY ORTOWN COUNTY ST.
	his hospital) attended the deceased olive and wise the body after death,		to They on the date and hour and from the couses, sto G MEDICAL STAFF N DIRECTOR PHYSICIAN
224 PHYSICIAN'S NAM	NE (TYPE ORPRINT) WALDROW	220 ADDRESS	F Anteta St Hager flow
230. BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL 236. DATE 5-8-82	23c NAME OF CEMETERY OR CREMATO	Hagerstown, Washington Co
24. FUNERAL DIRECTOR A. K. Coffman	Funeral Home, In	250.	DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 1 1 1982 Rome January

DHMH - 16 50M 7/77 (VR A 15 (4))

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DHMH - 16 50M 1/81 (VRA 15, 4)

	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLA LEALTH AND N ICATE OF D	ENTAL HYGI	ENE 8	2	1	3 8	6 4
		CEASED NAME FIRST	MIDE	DLE		AST		20 DATE C	REG. N		AY YEAR	2h HOUR
	(TYPE	E OR PRINT)	77 -ì		Q			7/1/		9 7	000	
	3. SE	x Wilbur	4 RACE	aro	5. DATE C			May 6 AGE (IN	YEARS LAST B		982 IF UNDER 1 YEAR	IF UNDER 24 MRS
					MONTH	DAY	YE AR			M	ONTHS DAYS	HOURS MIN.
		IRTHPLACE I STATE OR FOREIGN	White 76 CITIZEN OF WH	AT COUNTRY?	May	8 1	920	62	OBE CITY	OR COUNTY	OFDCATH	
6		COUNTRY	U.S.A			D NEVER M	ARRIED 🔲			ton C		
2		aryland	11. NAME OF HO		WIDOWE		ORCED		OCCUPA.		_	MD.
9			(IF NOT IN SUCH FA	ACILITY, GIVE STREET	ADDRESS)			(TYPE OF WO	ORK FOR MOST	OF WORKING LIFE	INDUSTRY	OF BUSINESS OR
1		PERSTOWN AL RESIDENCE (IF NURSING HOME OR	Washing			Hospi	tal	Upno	lste	r.er.	Trurn	iture
9	130 S	aryland Wash	NTY 13	Hagers	N	13d. INSIDE CI YES 🔀	Y LIMITS?	13e STREET	Madi	son A	ve.	
1	14 FA	ATHER'S NAME	MIDDLE	LAST			MAIDEN NAM	E	WIDDLE			
		Harry	D.	Crum		Jen			E.		Sis	k
	16e W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	RITY NO.	17. INFORMAN	11		ADDF	RESS		
		No		13-16-0	0539	Diana	Ardin	nger	506	Ridge	Ave.	Hag.Md.
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one cause per line D BY: 'E CAUSE (a)	cardiog	enic	shock					APPROX BETWEEN 48	MATE INTERVAL ONSET AND DEATH
		Canditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR A	S A CONSEQUE Acute my S A CONSEQUE	OCATO							nours
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONT	TRIBUTING TO D	DEATH BUT	NOT RELATED	O THE TERMIN	VAL DISE A	SE OR COM	IDITION GIVE	N IN PART 10	э
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUT		CERTIFY	WERE FINDIN	OF DEATH?
7	ERT	21a. ACCIDENT WAS UNDERLYING	216 TIME OF IN	JURY		21c. HOW INJ	URY OCCURRE	YES D	NO []	YES		ио 🗌
		OR CONTRIBUTING CAUSE OF DEA	1111	MONTH DA								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF	INJURY FACTORY OFFICE FA	19 ARM ETC)	211 LOCATIO STREET	٧		CITY OR TO	DWN	COUNTY	STATE
		22a-1 certify that (I) ather house	attended the	ecepsed from	3	17	1082	to	511	9 1	. 82	that (I) (are) lost
		saw the deceased alive on	15/1	8 10 8	22.00	d that in (my) 4	apinion de	eath occurr	red an the c	lote and haur		
		above, (1) (we) Idid Idid no	i) view the body afti	er death.	1 1	DEGREE					22c DATE	SIGNED/
		(Barting	men	un.	m	A1	TENDING HYSICIAN	MEDICAL	STA	FF CLANE	5/	20/22
		22d. PHYSICIAN'S NAME (1995)	R PRINT)			22e ADDRESS	113R IAIN	DIRECTOR	K PHIS	CIAN	10/0	0/00
		Charles C.	Spencer,	M.D.		1198	Kenly A	venue	e: Had	ierstow	n Md	21740
		BURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR C		236 LOC	ATION	J	ii, iid.	51710
		Burial	5-21-8			Lawn M		Нас	rerst	own W	a.sh	Md. STATE
	24. FL	UNERAL DIRECTOR	30			ac st.		REC'D. BY	REGISTRAI	25h REGISTR	ARIS SIGNAT	
	α.	onold M Minn		2 Thiness P				Y 24		Mance.	() an	Warthen

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1601 Penna. Ave. Hagerstown, MD 21740

(VRA 15.4)

STATE OF MARYLAND

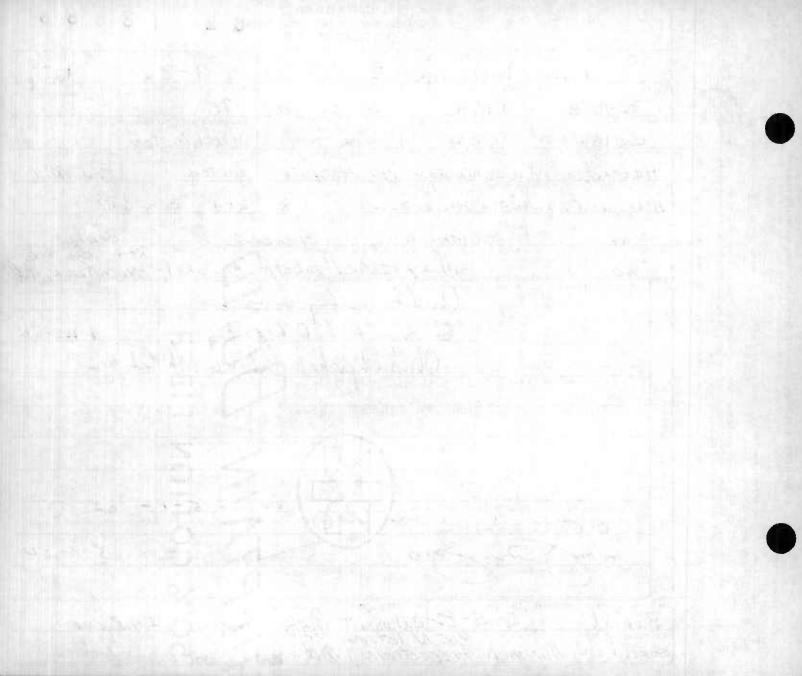
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	1	FOR STAT	E STRAR		М	DEPARTA EDICAL E	MENT OF	HEALTH		ENTAL H	240	- 3	REG. N	1 3	8	6	6
医电视器 E		DECEAS (TYPE OR P	ED NAME	FOSTE	R	WAYNE		EICH	HELBE	RGER	2	OF DEATH	KNOWN [ESTI- MATED [May	DAY 11	YEAR 19 82	264 HOUR
	1	Ma 1	e	Cauc.	5. DATE OF BIRT	, 1939	6. AGE (IN YE LAST BIRTHD	AY) MONTH	DER 1 YR.	IF UNDER		C DATE RONOUN DEAD		May	DAY	YEAR 1982	OHOUR
SE PRESE	3	foreign Mary	LACE (51) COUNTRY)		76 CITIZEN OF	WHAT COUN		WIDOWE	D 🗆	VER MARRI	ED ED	WAS	SHING				WE
1201 F ANY DELAY IS AND 3 TO THE RETAIN PAGE HOULD BE FILED RECORDS, 301	O.	Shar	psbur	g	121 S.M	FACILITY, GIVE ST	c St.		R INSTITU	TION	FORMO	ST OF WORK	PATION (TY) KING LIFE) Operat		OR	ND OF BU R INDUSTR	RY
IF ANY DEL	5 13	Shar	psbur	FIN NURSING HOME OR 13b COUNT Washi	Υ	13c. CITY	DEFORE ADMISS OR TOWN		YES	NO 🗌	121	S.Med	ss chanic	c St.		- 1	-11
, BALTIMORE, MD. 2120' DURS AFTER DEATH. IF AN B. GIVE PAGES 1, 2, AND WITH FORM PM. 3. RET. T. PAGES 1 AND 2 SHOUL DIVISION OF KITAL RECE	0	Ray	R'S NAME IRST MON d DECEASED	F(EVER IN U.S. ARM	MIDDLE OS ter	Eiche	AST lberge	r		er's MAIDE	N NAME		zabeth		Jac	kson	
BALTIMA JRS AFTE JRS AFTE WITH FO PAGES DIVISION		(YES, NO	OR UNKNOV	(IF YES, GIVE W	AR OR DATES)	- 220-	34-08	30	Marg	aret F	E.Jac		item			PROXIMATE	INTERVAL
O1 W. PRESTON ST UTED WITHIN 24 HG EXAMINER ALONG HALTRANSIT PERMI MENTAL HYGIENE, OR REMOVAL.			Canditions gave rise cause (a) : lying caus	is, if any, which to immediate stating the under-	(b)	DR AS A CONS	SEQUENCE (OF OF				4	14		-	inute	AND DEATH
TAL RECORDS, 3 HOULD BE EXECT RD "PENDING" I CHIEF MEDICAL USED AS A BUR OF HEEMATION.	G	190.		DPERATION		DITION FOR V					RT 1 (a),				20. A	UTOPSY?	
FICATE SHO THE WORD TO THE CH TO THE CH TOULD BE U	3			CAUSE WAS		OF INJURY .M. MONTH M.	DAY YEAR	21c. HO	W INJURY	OCCURRED	D (ENTER NA	TURE OF INJU	JRY IN ITEM 18	PART 1 OR PAR		ES 🗆	NO 🗆
DIVISIR THIS CERT WRITING WARDED AGE 3 SH ATE DEPA		21d. WH AT	INJURY O		21e PLACE		(AT HOME,	2 If. LOC ST	ATION REET			CITY OR TOW	//	cou	INTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFECATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 SHAFER DEATH, WITH THE STATE DEPARALLIMORE, MARYLAND, 2120 PRIORE		ACT SIGI	ath resulted	Harald	of the remains d I causes XI, Millian Old R. T	Accident	, su		Homic TITLE (S Depu		Undeter	Inquiry mined man AL EXAMI	nner .	DATE SIGNE	5	/11/ town.	
TO MI EXECU PAGE TO FU AFTER BALTIA	23	(TYP	E OR PRIN	ON,REMOVAL 231	DATE	23c. N.	AME OF CEA	AETERY OR	CREMATO	ORY	23d. LOC CITY OR	ATION TOWN		COUN	ITY	STA	ATE
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24		AL DIRECT	or Osborne F	2.0.Box					ZSo. DATE R	EC'D. BY R	EGISTRAR	norWa 25b REG	shine Istrar 1 s	CHAR	Mary	land

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	1			STATE OF MARYLAND		· · · · · · · · · · · · · · · · · · ·
	1.	FOR STATE	DEPARTA	3 8 6 /		
	1 05	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	AY YEAR 75 HOLIR
e €		OR PRINT)		(A3)	26 DATE OF BEATH MONTH DI	10 110011
page er deat	2.05	Elizabe		Elkins	May 31	1. 82 7:00PM
or, p	3. SE		RACE	5. DATE OF BIRTH MONTH DAY YEAR	M	ONTHS DATS HOURS MIN.
firect ours	7- 0	Female	White	May 17 1915		05.05.4711
Z2 the		COUNTRY)	b CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
18.4		rtinsburg. WV	USA	WIDOWED DIVORCED DIVORCED DIVORCED	Washingt	
office of with	10. C	IN OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
e file		Boonsboron AL RESIDENCE (IF NURSING HOME OR C	Reeders Memo			
onld b	13a. S	STATE 136 COUNT	Y 13c CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	214
		ryland Wash	ningtoh Hag.	YES X NO [11 W. Baltimo	re St. Apt. 2
ond 2 sh		FIRST AA	IDDLE LAST	FIRST	MIDDLE	LAST
000			emon Butts	Ethel	" Dean "	Butts
Poges		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			An entire of
ers. Po		No	214-09-	4590 George El	kins Same A	s 13E
papers. naval. ent, the	100	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line far (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9000			CAUSE (a) Cardio	respiratory ar	rest	10-15 minutes
carban carban , ar ren		0.730	DUE TO, OR AS A CONSEQUE	NCE OF		
nove carb nove carb otion, ar traumatic		Conditions, if any, which gave rise to immediate	((b) Aortic	Aneurysm		
er er		cause (a), stating the	DUE TO, OR AS 4 9 ONSEONE	MCE OF 1 1	-11 1.	
0 0 0		underlying couse last.	(c) Mobab	ly deconsary to h	erTary 1025	
signe hen p ta bur njury,	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED THE TERM	AINAL DIM ASE OR CONDITION GIVE	N IN PART T(a)
prior ony ii	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
hos per	Ĕ				YES NOW YES	ING CAUSES OF DEATH?
is certificate has burial-transit per Mental Hygiene ar Hem 18 shaws	H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT I OR PART 2)
rial-transit ental Hygi them 18 sh		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR		
burial- burial- Menta or Hem	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
e as the last of a last of	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CHYORIOWN	COUNTY STATE
		220.1 certify that (1) (this hospital	al) attended the_deceased from_	JUly 19 11	10 5/3/ 1	9 that (1) (we) last
for of He 21 is		saw the deceased alive an_	18/an 19	2, and that in (my) (our) opinion	death occurred on the date and hour	
REC ped to ppt.		abave, (I) (we) (did) (did not) 27b. SIGNATUR	wiew he body after geath.	DEGREE	/	22L DATES SAYO
detocl detocl ote Do		No M	refer	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/1/82
TO FUNERAL should be de with the Sfott		22d. PHYSICIAN'S NAME (TYPE OF	1	22e. ADDRESS	Kand 4	1 / 1
should be deto with the State I	730	BURIAL, CREMATION, REMOVA	23b. DATE 23c. N	JAME OF CEMETERY OR CREMATORY	h. Reedy svill	is Mah
	13u.	(SPECIFY) Burial	6/3/82 Re	- U	CITY OR TOWN	Wash. MD
14 204 2 /80	24 F	UNERAL DIRECTOR			IE REC'D. PARALESTRAN ASSINEESISER	
I-16 30M 2/80 (RA 15, 4)	D.	est Haven Fun		Hag. MD		
	TA	SP DAYELL LULL	CT OTTOPET	1100 111		

and managed the contract of th The contract the contract to t Little Interthylating Rear Payers Detailing Harengbown Wesh.



	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENES 2	1 3	8 6	9
	(TYPE	CEASED NAME FIRST	rell)	Pene	Fle	miyp	20. DATE OF DEATH	MONTH DAY	82-10	100R
ector urs aft	3. SE	Male	What	te	S. DATE C		6. AGE (IN YEARS LAST BI	YRS.	DER I YEAR IF UI	DER 24 HRS JRS MIN,
in 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF D	EATH	MI
by the fullified with		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSII HEACILITY, GIVE STREET gton Cou	(ADDRESS)	spital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Maintenan	OF WORKING LIFE) IN	LE KIND OF BUSTRY Ga	
hin 24 hour shy filled in should be in	13a. S		or other institution unity itingdon	GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES NO 🔀				
campletely 1 and 2 sho		THER'S NAME FIRST Tra		leming		15 MOTHER'S MAIDEN NA/ FIRST Mary	Kathle	en F	arson	
on ond con seed on ond con ond	16a. V	VAS DECEASED EVER IN U.S. A res, no or unknown) Yes	ARMED FORCES? GIVE WAR OR DATES)	201-32-		17. INFORMANT Mrs. Evelyn G	. Fleming	RESS RD 1, Blairs M	Box 2	
equires that the death certificate in signed by the attending physici. Then please remove carbonpopes to buriol, cremation, or removol. injury, or other troumotic event, th	NOI	Conditions, if-ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	(b)	R AS A CONSEOU	ENCE OF	Modardes	0	NDITION GIVEN IN	PART I(o)	
rsicion.	CERTIFICATION	190 DATE OF CHERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY	OPERATIO	N W/S PERFORMED	206 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES URY IN ITEM 18 PART 1 O	CAUSES OF D	USED DEATH?
OR ATTENDING PHYSICIAN: The Is he haspital or attending physicion. DIRECTOR: After this certificate has ached for use as the burial-transit pet. Dept. of Health and Mental Hygiene If Item 21 is marked or Item 8 shows.	MEDICAL O	OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMIN 220. Lecrify that (1) (this has sow the deceased alive above. (1) (we) (did) (did) 22b. SIGNATURE	21e. PLACE ((AT HOME, STR	M. OF INJURY LEET, FACTORY, OFFICE,	31.00	21f. LOCATION STREET 19 d that in (my) (our) opinion of CEGREE ATTENDING	CITY OR TO	own conditions on the conditions of the conditions on the conditions of the conditio	OUNTY that	1ED
TO HOSPITAL or retoined by the TO FUNERAL is should be deformed by the Store I with the Store I mPORTANT: If		22d. PHYSICIAN'S NAME URIAL, CREMATION, REMOVA	L 23b. DATE	and the second s		PHYSICIAN () 220. ADDRESS M. EMETERY OR CREMATORY	PATONE 23d. LOCATION CITY OR TOWN	CIAN COU	Hop	STATE
BP DHMH-16 30M 2/80 (VRA 15, 4)	24 FL	Burial INERAL DIRECTOR K. Coffman Fur	6/1/19 neral Hom			le Cemetery	Nossvill	e. Huntir	nadon C	

STATE OF MARYLAND

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Boonsboro, Md. 21713

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1982

- STATE

Jöhn H. Bast, Jr.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🥋

CERTIFICATE OF DEATH

AVERS DESERTED Pena clu, . T. U. M. M. กละสุดเรียกสับเลย lough two seems although mgetatoun Mayempood Litherun Village a plant and the second of the Tiers. E 3 1000 1 ... 25 cij-60-609; vers Lecille E. Petron. B stebene Mr. Journal of the contract of the WORL . S dl. dl. Bocambaro, M. 21 11 - English

The state of the s product Listan Reservation - I had high the form the form that the first the same the form A committee of the second of t Teveland Treeman Trace 3035 A PERSON STREET 183-12-3313 Hrs. Adene L. Freewan Mrygoshers, Pa. 172cm S 1/31/2 (2 ex) 411 We weakers I real it. Benis. ADDESCRIPTION OF THE PROPERTY
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	8	/	2

REGISTRAR			CEKITI	FICALE OF DEATH	REG. N	0.		
I. DECEASED NAME FIRST Phyllis		raine F	REN		20 DATE OF DEATH May 12	, 1982	YEAR	19 4 A W
female	4. RACE White	9		25, 1928 1928	6 AGE (IN YEARS LAST BII	MON		IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN Maryalnd	USA	WHAT COUNTRY?	MARRIE		9. BALTIMORE CITY O Washingto		DEATH	MD
Hagerstown	Washin	gton Cou	nty I	or other institution Hospital	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SECRETARY	Financ	NOUSTRY E Cor	BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME	Vash.	Hagersto		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Mayf	air Ave		-
Robert R. Pi	ryor	LAST		Hezel S.			LAST	
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	213-24-8		Mrs. Deris L	Gehr Ha		n, Md	•
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		METASTAS IS	inal disease or con	DITION GIVEN	IN PART To	
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDING G CAUSES O	F DEATH?
TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A. (ER) P. 21e PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE; FA	19	216 HOW INJURY OCCURR 211 LOCATION STREET	YES NO CO		OR PART 2)	STATE
22a.1 certify that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MAY 2	e deceased from	Nov 82	9 , 19 81 nd that in (my) %X) apinion a	to MAY 12 death occurred on the d	ote and hour an		ot (I) (XX lost
226. SIGNATURE	w Di	House	7	DEGREE ATTENDING PHYSICIAN		IAN 🗌		GNED 4, 1982
EDWARD W. DI		, M.D.			EST WASHING		REET	
230 BURIAL, CREMATION, REMOVA		5, 1982 Z	ion U	EMETERY OR CREMATORY J. M. Cemeter	y Myersvill	e, Md.	YINU	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: IF

24 FUNERAL DIRECTOR Minnich Funeral Home

415 E. Wilson Blvd. Hagerstown, Md.

AND THE WIST WEST TO SERVE SEASON STONE AND TO AND TO PASON SEA A LATIATE YA YA A TEART WOTOLINES TASK TOSK TOSK SEADY AND CONTROLLAND

Brown Funeral Home-Martinsburg, W.Va.

- STATE

DHMH - 16 50M 1/8! (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

Victor Product:

NO T

INDUSTRY

Crim

COUNTY

22c. DATE SIGNED

2:10A M

IF UNDER 24 HRS

1982

Personal Virginia Company of the Com Partient Description of the Property of the Pr Jelig G. Henc Str. na. Cities the state of the s How it, term lances scherge Snepherdelong Josephon, N. C. Parent Selection of the contract of the selection of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	١٥.				
		CEASED NAME E OR PRINT)	John		ederick	(GARDNER	May 10,		DAY	YE AR	26 HOU	IR A
	3. SE	x nale		4. RACE white		S. DATE C		6 AGE (IN YEARS LAST BI	IRTHDAY)	IF UNDER	DATS	IF UNDER	MIN.
36		RTHPLACE (STATE OF VIRGIN		76 CITIZEN OF	WHAT COUNTRY?	B	D NEVER MARRIED	BALTIMORE CITY O	OR COUNT	Y OF DE	ATH		ME
9	Н	ITY OR TOWN OF DE lagerstowr	1	Washin	gton Cou	ADDRESS)	Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST plumber	OF WORKING		CIND OI JSTRY	F BUSINE	ESS OR
6	13a S	al residence (if NUR STATE [aryland	113b COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW Hagersto	own	13d INSIDE CITY LIMITS? YES NO 🔀	Route 2,		fenbe	rge	r Ro	oad
10	14 FA	E. D. Ga	ardne	MIDDLE	LAST		Mary C.	Sullivan	E.	4	LASI	1	
1		WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	236-28-6		Anna Newli	n, Williams		Md.			
		18 CAUSE OF DEA PART I. DEATH V	VAS CAUSE	D BY: TE CAUSE (0)	Puln	nona				86	hou	MATE INTER	DEATH
		Canditions, if any gove rise to im couse (a), stoti underlying cous	mediate ng the	(b)	AS A CONSEQUE	NCE OF	lerotic Heania Vera	art Dise	ase		ye.	avs	,
	NOI	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO			NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION G	IVEN IN P	ART 1/o	1	
2	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE IFYING CA			TH?
7		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DE	KIPI .	M. MONTH DA	AY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART FOR P	AR1 2)		
	MEDICAL	21d. INJURY OCCUR		21e PLACE (OF INJURY EET, FACTORY, OFFICE F	ARM ETC)	21f LOCATION STREET	CITY OR TI	DWN	cou	NIY	S	STATE
		22a. I certify that (I saw the decease obave (1) Jwe) (sed alive an	120	9 19 8		d that in (my) (our) opinion	to May	date and ho	. 19_8 our and fro		that (1) (s	,
		22b. SIGNATURE	151	10	od	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR □ PHYSI	AFF		-	SIGNED	2
à		22d. PHYSICIAN'S N	AME (TYPE C	R PRINT)			22e ADDRESS						

MPORTANT 230. BURIAL, CREMATION, REMOVAL burial

23c. NAME OF CEMETERY OR CREMATORY Rosedale Cem.

Martinsburg, Berkeley, W.Va.

23b. DATE

burial May 12, 1982 Rosedale Cem

415 E. Wilson Blvd., Hagerstown, Md. 21740

4000

MAY 13 1982 Tashe

Dreit Trickle Triber of March BLISAN BUILDING BUILD

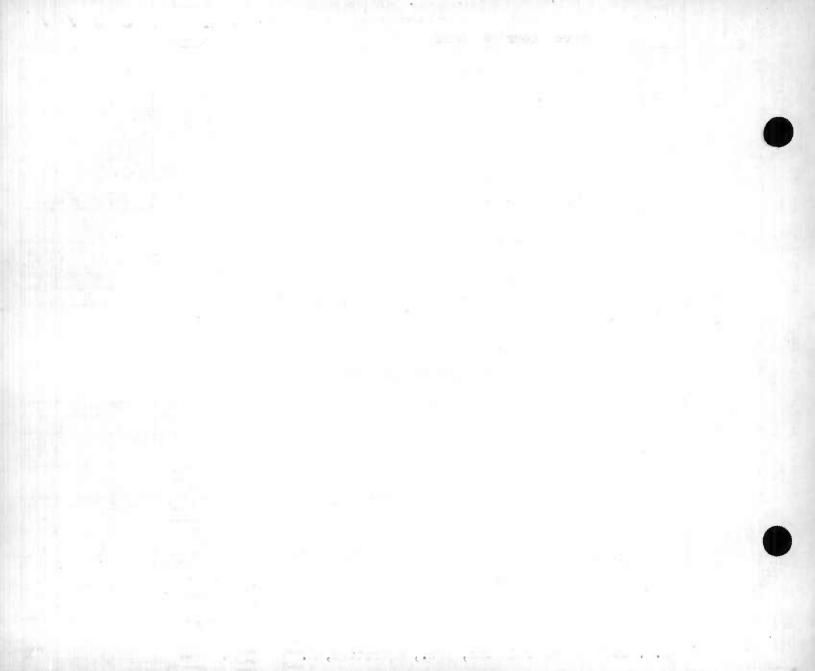
X	1.	STATE REGISTRAR	DEPAI	CERTIFICATE OF DI		REG. NO	3 0 1)
y be		CEASED NAME FIRST WALLACE	2 Nelson	GIFFIN	SR. 20. DATE	OF DEATH MONTH) 1982	26 HOUR SAN ON
ове 4 то	3 SE	MALE	WHITE	5. DATE OF BIRTH	YEAR	IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN.
of the part of the Po	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED MEVER M.	ARRIED 9 BALTI	MORE CITY OR COUN		
er dec	10 C	VIBRYLAND ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTI			12b. KIND OF	MC BUSINESS OR
by the		OG ERSTOWN	WASHINGT WASHINGT	ON (bunity b		VORK FOR MOST OF WORKING		RAFT
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mpletely and 2 st		SAMUEL E	MIDDLE CANDADO CAST.	FIN SARK	MAIDEN NAME	MIDDLE	HUF	E
modical	160	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SE	CURITY NO. 17 INFORMAN		ADDRESS	emd3	
hysician bapers. I oval.	T	IE CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	OMEAN!	DAM BULAN A	www.Ml	1/0/ /2817	MARCH OF THE PARTY	AM SHOWS IN
on ST., on ST., on ST., or sem		1629 MANEDIA	DUE TO, OR AS A COLOR	mending person	Liver 1	ant		
e deat mave c notion, troumi		Conditions, if any, which gave rise to immediate	(6)	and the state of the	1100		7.6 - 4 a	
that the the cose recover conter		underlying cause lost.	DUE TO: OR AS A CONSEC	DUENCE OF	1		3	
equires n signed Then ple	NOI	PART WHER SIGNIFICANT	Much	of har person	" Hypyen	tell condition	GIVEN IN PART I (a)	
he low r on. hos bee	CERTIFICATION	19s DATE OF OPERATION	IN CONDITION FOR WHI	CH OPERATION WAS PERFOR	MED Jan. Al	NOTE TO THE CEN	YES, WERE FINDING ITIFYING CAUSES O YES [7]	
GCIAN: The g physicia principle hiddly properties in the principle hiddly given the miles were the miles of the miles with the principle hiddly given the miles were the miles were the miles with the miles were the mi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 2 HOW INJ	URY OCCURRED (ENTER		767	
S PHYSICIP trending p tr this certif the burial-to and Mental	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211. EOCATION	٧		>	
NG P Nfter the as the lith and orked	W	MHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	10 71/	37)	CITY OR TOWN	(COUNT)	STATE
or use of Heal		220.1 certify that (1) (this hospi sow the deceased alive on		ond that in (my) (c	our) opinion deoth occu	rred on the date and h		not (I) (we) lost ouses stoted
R A' hospital hospital hospital hed bept.		22h SIGNALURY	11/1/11/11	DEGREE	TENDING MEDIC	Ah STAFF	THE DATE S	IGNED
PITAL Dy P		124 FAMILIAN SHAME THE	March 1		TSICIAN DIRECTO	SI STOLEN	2 01-	rest
TO HOS Housed To Fun Media the		CX 1970	RAPIN	512	10 men el	W40 4 0	4 day mar	rel
BP	23u. 8	BURIAL CREMATION, REMOVAL	THE DATE 11	NAME OF CEMETERY OR CE	EMATORY 234 IC	CATION IN OR TOWN	tack and	· M
DHMH - 16 50M 1/81	24 FI	UNERAL DIRECTOR	ADDRES	AA	25m UNEQD. 8	1502 M	ALL RESERVED	make-
(VRA 15, 4)	1	norgh M.C.	SBORNIE, WIC	irproports, Ma	7		366	

STATE OF MARYLAND

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)	1		STATE OF MARYLAND	and the same of the contract of
\vee	lı.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	IENE 8 2 3 8 / /
		REGISTRAR Grace	Corrine Guss CERTIFICATE OF DEATH	REG. NO.
1		CEASED NAME FIRST	MIDDLE	28. DATE OF DEATH MONTH DAY YEAR 26 HOUR
i Zin m		Grace	- CORRINE GUSS	5 31 85 810 %
AOE TO A	3. SE		4 RACE S DATE ON BIRTH	& AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HIPS MONTHS DAYS HOURS MIN
de 4	1	Female	white 3- 1- 07	75 YRS
Poge	70. 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	I	0	U-S-A WIDOWEDS DIVORCED	WASHINGTON CO. MO
The the		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
iled t	H	a Gerstown	WASHINGTON GO HOSPITAL	Telephone OPERABL Fed. GOU
5 g a	USU/	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NJY 136. CITY OR TOWN 138. INSIDE CITY LIMITS?	13a. STREET ADDRESS
filled ould b	1 446		THINGTON HA GERSTOUN YES NO M	1043 SECURITY Rd.
nd 2 sh	14. FA	THER'S NAME	MIDOLE LAST IS MOTHER'S MAIDEN NAM	ME MIDOLE LAST
and		JUSTIN	STUCKEY LAURA	MDOLE BEAM
0 -		VAS DECEASED EVER IN U.S. AF		AUUKESS
Poges medica	l "	No President	162-10-3757 MARY READ	4,3621 GETTYEBURG RJ, Pa 170
pers.		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), and (c),(b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physici npope movol.			TE CAUSE (0) brougact lemos	a Types
or re		202	DUE TO, OR AS A CONSEQUENCE OF	O .
ve co		Conditions, if ony, which	(b)	
endo endo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
by t ase r I, cre athe		underlying couse lost	DOE TO, OK AS A COINSEGUENCE OF	
y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART TIDE
The Track	CERTIFICATION			
prio ony	3	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
hos iene	E			YES NO YES NO
physics rithcate ol-transi ital Hygi- im 18 sh	8	21a. ACCIDENT WAS UNDERLYING		ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
certif certif inol.t entol	3	OR CONTRIBUTING CAUSE OF DE	AIR TO THE TOTAL	
of A bu	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
atter the ter the honor honor rked	2	AT WORK AT WORK	1001	F131 63
or Af		22a.1 certify that (I) (this hosp	ital) attended the deceased from	
RECTOR A red for use rpt. of Heal		sow the deceased alive or	obj view the body ofter death.	death occurred on the date and hour and from the causes stated
DIRECTOR ached for u Dept. of He f frem 21 is		77h SIGNATUR	DEGREE	22c. DATE SIGNED
4 - 4 - 5		tuden	M A LO A LAS ATTENDING TO PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN 31/82
D S S B B	1	224 PHYSICIAN'S NAME (TYPE		
		Frederic	1+. Kass 11 1825 1.	tral Pol Hogerstown We
of Or of Man	73 a F	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	123d LOCATION
3P		BURIAL	6-3-82 EVERGREEN CEMETE	CITY OR TOWN COUNTY STATE
/			30	
DHMH-16 20M	24 FI	UNERAL DIRECTOR	AOORESS 25a. DATE	REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE 2	1 3 8	7 8
	1. DECEASED NAME FIRST (TYPE OR PRINT) Ret	ecca Jan		AST RSHMAN	May 15, 19		2b. HOUR 12:00P _M
d	3 SEX	4 RACE	5 DATE (6. AGE (IN YEARS LAST BIRTHDAY		
	Female	White	Api	11 27,1937	45	YRS. DAYS	HOURS MIN.
5	To BIRTHPLACE (STATE OR FOREIGN Hagerstown, Md.	The CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE	NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO Washington	OUNTY OF DEATH	MD.
7	10. CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O Washington	n County I	FOR OTHER INSTITUTION FOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWITE	12b. KIND INDUSTRY OWN	OF BUSINESS OR
2			OR TOWN	13d. INSIDE CITY LIMITS?	13e SIREET ADDRESS BOX	290A	
0	14 FATHER'S NAME FRS1 Clayton	MIDDLE	vis	15. MOTHER'S MAIDEN NAME FIRST Esta	WIDDLE		gers
	160 WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (1F YES, (THE WILL OR OLD AREA	-34-4191	Mr. Downey H	ADDRESS Iarshman, Jr.		port, Md.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO	DNSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO		martis
7	190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	19b. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED .	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO		
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MOI	NTH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	TEM 18 PART I OR PART 2)	
	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJUR		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hos sow the deceosed olive a above, (1) (we) (did) (did i	pital) attended the delease	ed from, or	od that in (my) (our) opinion o	death occurred on the date or		, that (I) (we) last e couses stated
	226. SIGNATURE 226. PHYSICIAN'S NAME (1998)	OR PRINT)	In 1	PEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	171. DAT	1) loL
	1 F. It.	SASS TO	122 24445	1825 1t	owell Rel	dagers	town ha
	230. BURIAL, CRÉMATION, REMOVA Burial	5-18-82		emetery or crematory wm Mem. Park	Williamspor	t, Wash.	Car Md.
	John H. Bast, Jr	. Boonsboro	ADDRESS 21	250. DATE	REC'D BY REGISTRAN 25 25 25 25 25 25 25 25 25 25 25 25 25	GISTRAR	Marine Comment

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any

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	Hamington County		s" inschor	Dist. Lanc.
ing	ington Vilianspar	310	it's. 1 Box 290	
noinga_CD	sival	WeE E		ROSSER .
	215-11-4191	St. Ir. Downey H	i .ab , memoral	
	100 SU-11-2			

3	1	FOR - STATE	DEPARTM	ENT OF HEALTH AND MENTAL HYG	SIENE O O	may at and a
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	38/9
25-74		CEASED NAME FIRST PARTINET TO	MBAUGH HEALEY	LAST		DAY YEAR Zb HOUR
	3. SE		RACE	5. DATE OF BIRTH	May 8,1982	IF UNDER I YEAR IF UNDER 24 HRS
	1	Female	White	Dec. 14,1912	69 YRS.	MONTHS DAYS HOURS MIN.
201		COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
8 15 30	Ha	gerstown, Md.	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	Washington C	OUNTY MD. 126 KIND OF BUSINESS OR
S of led #		gerstown	(IF NOT IN SUCH FACILITY, GIVE STREET A 1109 Hamilton	DDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
filled in ould be t	13a	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE . Y 13c. CITY OR TOWN	ADMISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
rthin 2 tely fill 2 shou		ryland Wash	ington Hagers	15. MOTHER'S MAIDEN NA	11109 Hamilto	n Blvd.
mplet will	L	ames M. Tomba	odle last	Anna Mary	"Bausman"	LAST
Poges 1	160 \	VAS DECEASED EVER IN U.S. ARM			ADDRESS	
S. Poge		113,110 00 0111110 11111	220_18_	1508 Albertus E	B. Healey, see	
hysicion popers. lovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), and BY:	1 0	Name of the last o	BETWEEN CHIEF AND DEATH
fing printed p		1129 IMMEDIATE		anar of the	ung	/ manthes
deoth othero ove co nion, c		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF		
t the cremorremot		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF	1	
ed by please			(c)			
n signed Then pl	20	PART 2 OTHER SIGNIFICANT CC	DUDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIV	EN IN PART 110
te hos beer nsit permit.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH (DPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{NO} \)
hys Hys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TB P	
certification of the certifica	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
After this os the but thought on the but orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
or o Se os solth mork		220 I certify that (I) (this hospita	1) attended the deceded from	Sent 1001	8/6	1982, that (I) (we) lost
portol for u of He		sow the deceased alive of obove (Ilywe) (did) (did not)		, and that in (my) (our) opinion	death occurred on the date and hou	
DIRECTOR DIRECTOR DIRECTOR DEPT.		22b. SIGNATURE		DEGREE	Acrical crass	22c. DATE/SIGNED
1 60 0		22d PHYSICIAN'S NAME (TYPE OR	con/	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2816/5
etoined by to FUNERAL should be de with the Stot		Frederic 1	F. KASS III)	1825	Lowell Rd.	Hecestar no
of of v ₹		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	74 F	Burial		st Haven Cemete		
MH - 16 50M 1/B1 (VRA 15, 4)	RA	NAME 1601 st Haven Funer	Penna. Aye. Ha	agerstown Md	E REC'D. BY REGISTRAR 256 REGIST	San Wather
	TICL	TO HAVELL TURIE	ar onapers in	Tu.	11 20 1001	4

g I t our . yelsen ut engantil 1 50 - 11-003 MARKET STATE OF THE STATE OF TH

d	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 2		3 8	8 0
EM)		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
		MARY	MARGARE	r	HELFRICK	April		982	2:15 am
14	1. SEX		4. RACE	4	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAYI	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
200	-	male	White	Sept	.25, 1905 YEAR	76	YRS.		
2 100		Dulythry	76. CITIZEN OF WHAT COUN	ITRY? 8 MARR	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
7/	0	Unknown	U.S.A.	WIDOW			ngton		MD.
1979 1979	Н	agerstown	11. NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE AShington Co	street address) ounty Ho	spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Machine O	OF WORKING LIFE	1 INDUSTRY	ting Mill
should be	13a. S	enna. Fra		BEFORE ADMISSION TOWN nesboro	YES NO [130. STREET ADDRESS 9109 Wayne	Highw	ay	
728		Cloyd		fenderi		abeth		Wolf	
Poges medico		(AS DECEASED EVER IN U.S. AR/ es, no or unknown) (IF yes, Give No	MED FORCES? 1166. SOCIAL 173-03	SECURITY NO.	David R. Hel	frick. 323		_	teville,
gned by the offending physis in please remonpolibuiol, cremotion, or removal iry, or other troumotic event, i		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) A CUT DUE TO, OR AS A CONS (c) B L C D U ONDITIONS CONTRIBUTING	SEQUENCE OF SEQUENCE OF		OBS TRUCT	101	N IN PART 1	01
12 to 15 SI	S S	HTO TEN.							
ygiene prior shaws ony ir	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
urial-transit peri		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT 1 OR PART 2}	
e os the bur alth and Me morked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
oched for us Dept. of He If Hem 21 is:		22a.1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	y - z 7 View the body ofter death.	19 8 2		deoth occurred on the c			
should be det with the State		ELI ROZ			WASHIJC TO	47 KOO) L	HOS	MITAL	
0 2 <u>2</u> 1		URIAL, CREMATION, REMOVAL	136. DATE		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
- T- 15-		Burial	May 1,1982	Green H	Iill Cemetery	Waynesh	oro	Frankl	in. PA.

Waynesboro, PA.

ery Waynesboro Franklin
25a. DATE REC'D. BY REGISTRAR'S SIGNATURE

M FUNERAL DIRECTOR

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	REGISTRAR			CERTII	FICALE OF DEATH	REG. N	0.	-	A Contract	
	1 DECEASED NAME	FIRST	MIDDLE	-	LAST	20 DATE OF DEATH		AY YEAR	2h HOUR	7
	(TYPE OR PRINT)	rginia		Hild	lebrand	1	350	4 82	10:0	>
	3 SEX	4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS	71
	Female	White		мом	n. 16. 1901	81	YRS	ONTHS DAYS	HOURS MIN.	Π
100	To. BIRTHPLACE STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		-
1	Maryland	USA		WIDOW		Washington	County		M	D
	10. CITY OR TOWN OF DEAT		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		OF BUSINESS OR	- 1
	Hagerstown	Wester	n Maryland	Hospit	al Center	Secreta		Medi	cal	
N.	USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION 36 COUNTY	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS				_
1	Hagerstown	Washington	Hagerstow		YES X NO	7 E. Washin	aton St.	#202		
-	14 FATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE				_
į	Victor	Reichard	i Mum	ma	Beulah	L.	Wi	lson		
	16a WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	Wirri	amspo	rt Md	. 2179	5
	no		220-09-	7013	John E. Hi	ldebrand	114 C	herry	tree I	18
	18 CAUSE OF DEATH	(Enter only one cause per	line for (a), the and	te .1	, ,	,	. 1		MATE INTERVAL	
	PART I. DEATH WA	MMEDIATE CAUSE (a)	Ca	200	ac arr	Ost sud	den	Rive	don	
	4149	DUE TO, O	R AS A CONSEQUE	NCE OF	1	1-2-0	3	1 100	2-11	Ī
	Conditions, if any,	which ((b)	(2	RCO	of grapher	ASCVD		Xe	av.	
	gave rise to imme	the DUE TO O	R AS A CONSEQUE	NCE OF	P.S. 250	noton	obsus		1212	Ī
	underlying cause	last (c)			las only	David C	HF	76	ars.	
	PART 2 OTHER SIGNII	FICANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOTRELLED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	a	Ī
	190 DATE OF OPERATION	Hen	at 7	em	coo u					
y	J 190 DATE OF OPERATION	ON 196 COND	ITION FOR WHEAT OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			OF DEATH?	
-	T L					YES NOXX	YES		NO 🗌	
			FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	EY IN ITEM 18 PAR	RT I OR PART 2)		
H	(IF EITHER NOTIFY MEDICA	LEXAMINER) P.	м.	19						
4	OR CONTRIBUTING CA	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21F LOCATION STREET	cryonto		counts	STATE	Π
1	AT WORK NOT WHILE	U		21	10102	E/4	182)
1		his haspital) attended th		2/	10/0,19		0_1	φ	that ((we) las	1
		olive on May	after death.	82.	nd that in (my) (Nur) apinion o	deoth accurred on the di	te and hour	and from the	causes stated	
	22b. SIGNATURE		-1-6	11	DEGREE	MEDICAL STAL	. 1	22c. DATE	SIGNED	
	Mula	mm	ra on	0	ATTENDING PHYSICIAN	MEDICAL STAI		5/4/8	82	
	22d. PHYSICIAN'S NAM		_		ADDRESS					П
		laninia, M.D.			1500 Pennsylvan	ia Ave., Hage	rstown,	Md. 2174	40	
	23a. BURIAL, CREMATION, RE			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	Burial	5-7-8	32 Re	st H	laven Cemete			Wash	. Md.	
	24 FUNERAL DIRECTOR	305	N. Pot	omac	S+ 25a DATE	E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE	

305 N. . Potomac St.

Minnich Hagerstown, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Gerald

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other traumotic event, the

1 [1 Transfer to the transfer of the contract of th Self-Sen of 222-0 -V. LT John D. Millement lin Whomes paring secretarily respectively and the paring of the pari The second that the second sec

2 3/	FOR STATE REGISTRAR		ME	STA DEPARTMENT OF DICAL EXAMIN	HEALTH		6.0	REG. NO.	38	8 2	
and	1. DECEASED NA (TYPE OR PRINT)	ME FIRST Edwar	·d C	Carl	HU	TTON	26. DA O DEA	TE KNOWN X	MONTH DAY	YEAR 19 82	3:49
6	male	white	Jan. 13	1061 LAST BIRTHE	ARS IF UN DAY) MONTE		MIN PRON	ATE DUNCED MAY	MONTH DAY	YEAR 1982	245 PA
	76 BIRTHPLACE FOREIGN COUNTR Maryla	Y) -	76 CITIZEN OF W		8 MARRI WIDOW	ED NEVER MAR	RIED K	TIMORE CITY OR		DEATH	MD
PAGE SERVISOR SERVISO		ersville	Washin	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) gton Count	y_Ho		FOR MOST OF	CUPATION (TYPE O WORKING LIFE)	O	ND OF BUS R INDUSTR Cee C	Y
D. 21201 2, AND 3 TO 1 3. RETAIN PER SHOULD BE FALKECORDS;	136. STATE Marylan	d Wash		13c. CITY OR TOWN Hagerstow		13d. INSIDE CITY LIMITS? YES NO S	3 STREET AD	DRESS Ocust Cou	ırt		
DEETH. IF SES 1, 2, AND 2 SI VITAL	14 FATHER'S NA FIRST Bruce	Ke	midole enneth	Hutton		is mother's mail		Catherine	S	hifle:	r
T., BALTIMORE, ME OURS AFTER DEATH- 18. GWE PAGES 1, 2 5. WITH FORM PM. MIT. PAGES 1 AND 2 E. DIVISION OF VITA	160 WAS DECEA (YES, NO, OR UNK	SED EVER IN U.S. ARA NOWN) (IF YES, GIVE	AED FORCES? WAR OR DATES)	212-84-20		Mr. Bru	ice K, H	address utton, H	agersto	wn,	Md.
L RECORDS, 201 W. PRESTON ST., I ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. F MEDICAL EXAMINER ALONG W FED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	gave couse lying o	tions, if ony, which rise to immediate (a) stating the <u>under-</u> ouse lost.	(b)	15 - MOTOR R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF			000000000000000000000000000000000000000		1 но	JR
	190 DATE	OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?				AUTOPSY?	№ П
NINER: THIS CERTIFICATE SHE FICATE, WRITING THE WORK FICATE, WARDED TO THE CH. TORE, PACE 3 SHOULD BE UTHE STATE DEPARTMENT OF THE STATE DEPARTMENT O		NAL CAUSE WAS NG OR ITING CAUSE OF D	216. TIME O	MAY 30 19 8	RT	OWN FROM			RT 1 OR PART 2)		E
DIVISION HIS CERTIFIC WRITING TH ARDED TO AGE 3 SHOU ATE DEPART	CONTRIBLE 21d. INJUR WHILE AT WORK	OCCURRED NOT WHILE AT WORK	STREET, FAC	OF INJURY (AT HOME. TORY, FARM, ETC.) RDAY ROAD	5	TREET MYERSVIL	Cff C	R TOWN FR	COUNTY	c, Mai	STATE RYLANI
MEDICAL EXAM CGE 4 SHOULD BE GE 4 SHOULD BE FUNERAL DIREC FER DEATH, WITH	22 6 . l ce	retify that I took charge ulted from: Notur	e of the remains de ol couses	Doffor	Autop vicideM	Homicide TITLE (SPECIFY) DEPUTY 217	Undetermine	AMINER HINGTON S	SIGNED	av 31.	,1982
53.45.48.	(SPEC#FY)	AATION, REMOVAL 2		23¢. NAME OF CE			23d LOCATIO	4	COUNTY	STA	
BP	bur:	ial J	une 2,19	82 Presbyte RAL HOME	erian	Church 250. DA			RAP'S SIGNAT		ia
DHMH - 17 (VR A15 ME (5))	415 E. V	Wilson Blv	d. Hager	stown. Md.	2174	10	WW 4 13	OL Man	The state of the s	and the state of the state of	

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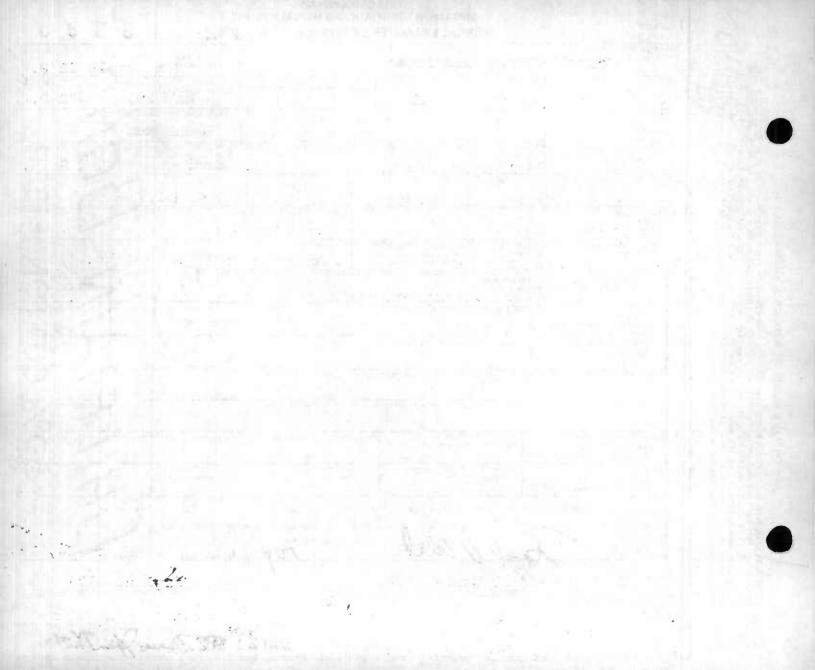
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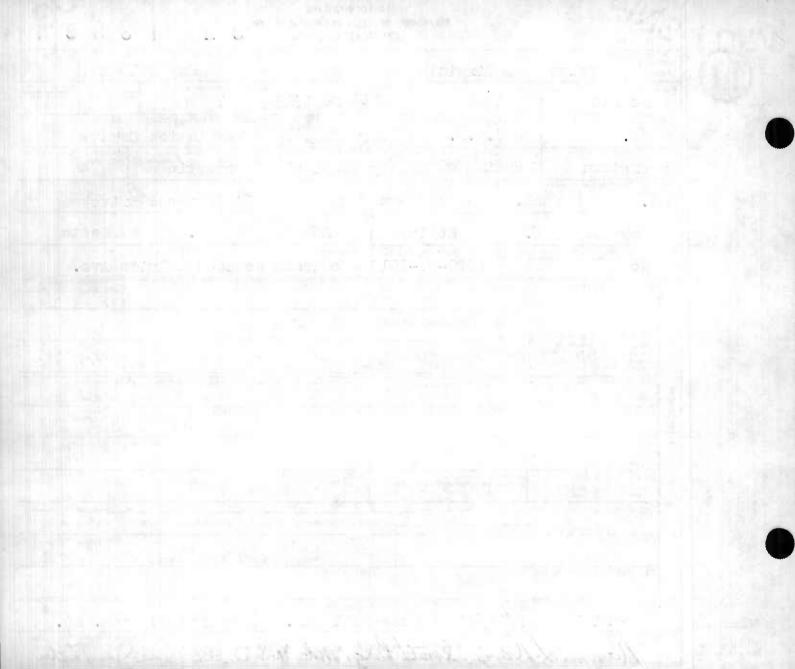
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ACTUAL EXAMINER'S CERTIFICATE OF DEETH 2 REG. S S S S S S S S S	1	FOR			DEPARTMENT OF						12.00	
Merrill Joseph Iseminger Sea	1.	REGISTRAR		ME	DICAL EXAMIN	NER'S	CERTIFICATE C	OF DESTH	REG.	Nb. 3	8	3 3
THE COLOR OF DEATH AGE OF MAY 18,08 2 P. THE White White STATE OF MAY 1,1896 8 STATE OF						-	LAST			MONIH	DAY Y	EAR 2b. H
SEX S. AGE S. DATE OF BIRTH M. AGE INVITABLE FUNDER 2.4 HRS.] TO AGE MORTH DAY 1 TAN M. AGE INVITABLE S. AGE MORTH DAY 1 TAN M. AGE INVITABLE S. AGE MORTH DAY 1 TAN M. AGE INVITABLE M.	(17	M M	errill	Joseph	Iseminger	r		D	EATH MATED	* May	1819	82 P
male white Nov. 11, 1896 85 vs. Standard Nov. 18, 182 P.	SE	X 4.	. RACE					R 24 HRS. 2c	DATE	HTMOM		
Table Note	m	ale	white	merrin DAI	0.5		HS DAYS HOURS	MIN. PRO	DEAD May	18,	19	82 P
Maryland USA			TE OR			8. MAPP	IED NEVER MARR	9. B.	ALTIMORE CITY	OR COUNT	Y OF DEAT	
In City of Town OF DEATH				USA				-	Washir	gton		
Hagerstown			F DEATH			E, OR OTH	HER INSTITUTION			TYPE OF WORK	126 KIND C	OF BUSINES
USUAL RESIDENCE (# MANSHAN AND AD COUNTY 136, CUT VOR TOWN 136	Ha	gerstow	n			ıe					Fed.	Gov'
Maryland Washington Hagerstown Ves & No 1112 Virginia Avenue	USU	AL RESIDENCE (#	IN NURSING HOME OR	OTHER INSTITUTION, C	GIVE RESIDENCE BEFORE ADMISS	ION)	1134 INCIDE CITY LIMITES	1130 STREET	DDDESS	•		
14. FATHER'S NAME						wn		1112	Virgin	ia Ave	nue	
Joseph H. Iseminger No. Wolf W.W. I State Sta	14. F	ATHER'S NAME		MIDDLE	1ACT		15. MOTHER'S MAID	ENNAME	MIDDLE		TAST	
The Nax Deceased Ever in U.S. Armed Porces? The Social Security No. 216-38-2200 John Iseminger, Funkstown, Md.			H. Isem		LAST		Fanny M	Mae Cri			th31	
Ves V.W.I 216-38-2200 John Iseminger, Funkstown, Md.	160	WAS DECEASED	EVER IN U.S. ARM	ED FORCES?			17. INFORMANT		ADDRE		Section 1	
The cause of Death (Enter only one couse per line for (o), (b), ond (c).					216-38-22	00	John Ise	minger	Funks	town,	Md.	
PART TOEATH WAS CAUSE (o) arteriosclerosis years		18. CAUSE OF	DEATH (Enter only	one couse per lin	e for (o), (b), ond (c).)				4.59.51		. APPROX	CIMATE INTER
Conditions, if ony, which gove rise to immediate cause (a) storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDITIONS CONTENDITION TO GEALH BUT NOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDITIONS CONTENDITION OF CONTENDITION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONTENDITIONS CONTENDITION OF CONTENDITION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONTENDITIONS CONTENDITION OF CONTENDITION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONTENDITIONS CONTENDITION OF CONTENDITION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONTENDITIONS CONTENDITION OF CONTENDITION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONTENDITION OF CONTENDITION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONTENDITION CONTENDITION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONTENDITION CO		PARTIDEA	TH WAS CAUSED	BY:		lero	sis					
UNDERLYING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK 21f. PLACE OF INJURY (AT HOME, AT WORK AT WOR	z	PART 2 OTHER SIGN	IFICANT CONDITIONS CO		NUT HOT RELATED TO THE TER	MINAL OISEA	SE OR CONDITION GIVEN IN PA	ART I (a).				
UNDERLYING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK	ATIC	19a. DATE OF C	PERATION	196 COND	ITION FOR WHICH OPE	RATION V	VAS PERFORMED?				20. AUTO	OPSY?
UNDERLYING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK	FF										YES	O NO
AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X., and in my opinion death resulted from: Notural causes X. Ascident, Suicide, Hamicide Undetermined monner, TITLE (SPECIFY) M.D. ADDRESS Hagerstown, Maryland 21740 EXAMINER'S NAME HOWARD N. Weeks, M.D. ADDRESS Hagerstown, Maryland 21740 230. BURIAL CREMATION, REMOVAL 335. DATE 123C. NAME OF CEMETERY OR CREMATORY (SPECIFY) Hagerstown, Wash., Maryland 21. FUNERAL DIRECTOR NICH TOTOWN Hagerstown, Wash., Maryland 21. FUNERAL DIRECTOR NICH TOTOWN Hagerstown, Wash., Maryland 21. FUNERAL DIRECTOR NICH TOTOWN HAGERS IGNATURE 24. FUNERAL DIRECTOR NICH FUNERAL DIRECTOR OF CREMATORY NAME MINNICH FUNERAL DIRECTOR BY REGISTRAYS SIGNATURE	CAL CERT	UNDERLYING	DOR	HOUR A.	M. MONTH DAY YEA	R 21c. H	OW INJURY OCCURRE	ED (ENTERNATUR	E OF INJURY IN ITEM	18 PART 1 OR PAR		1.5
220. I certify that I took charge of the remains described abave, held an Autopsy Inspection X. Inquiry X., and in my opinion death resulted from: Notural cours X. Ascident Suicide Hamicide Undetermined monner TITLE (SPECIFY) M.D. MEDICAL EXAMINER DATE MAY 20, I EXAMINER'S NAME HOWARD N. Weeks, M.D. ADDRESS HAGERSTOWN, MARYLAND 21740 230. BURIAL, CREMATION, REMOVAL 130. DATE 131. NAME OF CEMETERY OR CREMATORY (SPECIFY) Durial May 21, 1982 Rose Hill Cemetery 1230. DATE REGISTRARS SIGNATURE 1250. DATE REGISTRARS SIGNATURE 1250. DATE REGISTRARS SIGNATURE 1250. DATE RECID. BY REGISTRARS SIGNATURE 1250.	MEDI	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK					Сп	r OR TOWN	COL	YTAL	s
Type or print Nowald N. Weeks, Fl.D. Address Hagelstown, Halfyland 21740		ACTUAL SIGNATURE	from: Noture	Gent .	acident . s	uicide^	TITLE (SPECIFY)	Undetermin	EXAMINER	DATE SIGNE	May	
burial May 21, 1982 Rose Hill Cemetery Hagerstown, Wash., Maryland 24. FUNERAL DIRECTOR BY REGISTRAY 256. REGISTRAY SIGNATURE NAME 1256. DATE REC'D. BY REGISTRAY 256. REGISTRAY SIGNATURE 1256. DATE REC'D. BY REGISTRAY 256. REGISTRAY SIGNATURE 1256. DATE REC'D. BY REGISTRAY SIGN	730	TYPE OR PRINT	TIOW &				ADDITESS.			yland	217	40
24. FUNERAL DIRECTOR NICH FUNERAL HOME 250. DATE REC'D. BY REGISTRATE SIGNATURE AND 2 100 PROBLEM AN		(SPECIFY)						CITY OF TO	MM	Wash	. Mar	vlanc
115 E Wilson Blad Hagaratown Md 21740 MAY 21 1882 Frances San Japan							250. DATE	REC'D. BY REC	SISTRAR 256. RE	GISTRARY S	IGNATURE	1
						215	740 M	AY 211	982 SA	Acco S	an/ h	with

STATE OF MARYLAND



			STATE OF MARYLAND		
1	FOR STATE REGISTRAR		RENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	3884
	ECEASED NAME FIRST PE OR PRINT) Evelyn	Virginia	Johnson	The state of service	L982
1 10				16. AGE IN YEARS LAST BIRTHDAY)	
3 5	Female	Black	April 26 1915		FUNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
873 5 7a	BIRTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
50	Md.	U.S.A.	WIDOWED DIVORCED	Washington (County "
100	agerstown	WILLIAM SHOW ENGINEER GIVE STREET	GHOME OR OTHER INSTITUTION ADDRESS) Unter Hospital	17R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE DOM 65 TIC	126 KIND OF BUSINESS OF
130	JAL RESIDENCE IN NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY USE Hagers	ADMISSION) 136 INSIDE CITY LIMITS? YES A NO	645 Forrest	Drive
14.1	ATHER'S NAME		15 MOTHER'S MAIDEN NA		
	Roy	E. Keets	Löttie	MIDDLE	Keets
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU 220-01-		Johnson Belvie	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line far (a), (b), and			BETWEEN ONSET AND DEATH
5		ATE CAUSE (a) Mile	unionea		1 avecly
20	4100	DUE TO, OR AS A CONSEQUE	NCE OF TO 16 + 2		dide
	Conditions, if ony, which gave rise to immediate	(6)	more gran 19	uen	4/11/02
5	cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	nce of all hope	Time	4/18/82
NO.	1 1 1	conditions contributing to	CEATH BUT NOT RELATED TO THE TERM	11/1/1	EN IN PART 110:
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	SPERATION WAS PERFORMED	IN-GERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	KAIN	19 YEAR	RED JENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
MED	22n. I certify that (I) (this has	pital) attended the deceased from_	1770, 19.	to Thay 8	19 8 Co., that (1) (we) to
		on 19	SZ, and that in (my) (our) opinion	death occurred an the date and hou	r and from the causes stated
	saw the deceased olive a abave, (1) (we) (did) (did)				
	abave, (I) (we) (did) (did r	A A	DEGREE		22c. DATE SIGNED
	abave, (1) (we) (did) (did r	west therale	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	57 1982
	abave, (1) (we) (did) (did r	und theal	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	57 1982
1	abave, (1) (we) (did r	OR PRINT) AL 23b. DATE 23c. N	ATTENDING PHYSICIAN	234 LOCATION CITYON TOWN	COUNTY STATE



requires that the death certificate be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5)

0	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IYGIENE 8 2 1 3 8 8 5				
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	AY YEAR 2h HOUR			
	France	s Elizabet	h Jones	May 3 198	32 "			
	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS			
	Female	White	Apr. 25 1910	72 YRS	ONTHS DAYS HOURS MIN.			
9	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
1	Pennsylvania	U.S.A.	WIDOWED DIVORCED	Washington C	ounty MD.			
6	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR			
1	Hagerstown	Washington Co	ounty Hospital	Home	Housewife			
0	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 13b COUN	NTY 13t. CITY OR TOWN	ADMISSION) 13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
,		hington Hagers		11 Summer S	treet			
1	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WE	LAST			
		illiam Davis		Alice	Miller			
	160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECUR	RITY NO. 17. INFORMANT	ADDRESS	bM ne			
	No	1219-46-	3416 Ronald L.	Jones 733W. W	ashington St.			
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line or (a), (b), and	11. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.)(), I-, A (-A)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		TE CAUSE (0) 10101	MUGENIC COL	EGNOVIA				
	1627	DUE TO, OR AS A CONSEQUEN	NCE 99 PCA DATE	12000				
	Conditions, if ony, which gove rise to immediate	(b) A111	WINDOW IN	thoa so				
	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	Bist uscul	2 planeis.				
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0			
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?			
1	00.000.000.000.00	HOUR A.M. MONTH DAY	Y YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA				
	OR CONTRIBUTING CAUSE OF DEA IF EITHER, NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FAI	211 LOCATION	CITY OR TOWN	COUNTY STATE			
	the the deceased alive on	tol) ottended the deceosed from	, 19, ond that in (my) (our) opinion d		9, that (i) (we) lost ond from the couses stated			
	77h SIGNATUR NOO	Ne mo	DEGREE ATTENDING PHYSICIAL	MEDICAL STAFF DIRECTOR PHYSICIAN	5/4/22			
	22d PHYSICYAN'S NAME (TYPE OF	RPRINT)	220 ADDRESS					
	230 BURIAL CREMATION REMOVAL	122h DATE 122- N	AME OF CEMETERY OF CREMATORY	Test LOCATION				

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician

and Mental Hygiene prior to buriol, cremation, ar

MPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the with the State Dept. of Health and

(SPECIFY)
Buria

Minnich

24 FUNERAL DIRECTOR

Gerald

CITY OF TOWN

305 N. AD Potomac Street 250 DATE RECD. BY REGISTRAR! Hagerstown, Maryland MAY 10 1987

Sana K yell comet. I singles stometh The state of the s remark were the second of the METHER DOLLAR TERMS ENVA DELEGATION ADJACABLE into grad . day now ago and the dreet of its untail to be a fall of the control o

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	1	-		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3		3	- 6
Gas .		•	0

3	8	8	6

	REGISTRAR			CERTIF	ICATE OF DEATH	0 2	REG. N	0.	3	0	0 0	
	1. DECEASED NAME FIRST (TYPE OR PRINT) Mary	Elizabeth	JONE	S	AST	2a. DATE OF DE			DAY	YEAR	725	
	3. SEX female	white		Apri	1 8, DAY 1894 YEAR	6. AGE (IN YEAR	5 LAST BIR	THDAY)	IF UNDER	R 1 YEAR	IF UNDER 2	
	70 BIRTHPLACE (STATE OR FOREIGN VIEW)	USA		MARRIE	D NEVER MARRIED DIVORCED D	9 BALTIMORE Washing		RCOUNTY	Y OF DE	ATH		MD
)	Hagerstown	Ravenwo	ood Luther	ran	Village	12a USUAL OC (TYPE OF WORK FO housek	R MOST O	F.WORKING LIF	FE) IND	KIND OF USTRY SPIT	F BUSINES	-
2	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Md. W	ash.	GIVE RESIDENCE BEFORE AD 13t, CITY OR TOWN Hagerston		13d. INSIDE CITY LIMITS? YES NO []	356 S.	Ca	npon.	Ave	è.		
/	John John	MIDDLE La	nders		15. MOTHER'S MAIDEN NAM		O	wens		LAST		
	160 WAS DECEASED EVER IN U.S. AF {YES NO OR UNKNOWN} {IF YES, GI	MED FORCES?	214-09-36		Maxine Trace	e 110 PI	addre heas		Γr.	Hag	ersto	own
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b)	AS A CONSEQUENCE	CE OF		You ch's m	R CONI	DITION GIV	'EN IN P	40	en-	
-	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19h CONDI	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPS	Y?	20b. IF YES IN CERTIF YE	YING C	FINDING AUSES	GS USED OF DEATH	1?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 22a.1 certify that (1) (this hosp sow the deceased alive on	21e PLACE C (AT HOME, STRE	A. MONTH DAY A. DE INJURY LET, FACTORY, OFFICE, FARW deceosed from	19 A ETC)	21c. HOW INJURY OCCURRI	ED (ENTER NATURE	n the do	WN	COU	, thom the c	STA that (I) (we	e) lost ted
		ender			138 E. And	+o dam St		Hage	26 A	our	n M	14
	230 BURIAL CREMATION, REMOVAL DUMIA				Hill Cemetery	Hager	sto	wa I	۸d.	y	574	177

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to i

IMPORTANT: If Item 21 is

^{24 FUNERAL DIRECTOR} Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md.

0 0 1 0 1 0 much when I - will have required the second

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)

	1.	REGISTRAR			CERTIF	ICATE O	DEATH	0	REG. I	10.	3 0	0 (
		CEASED NAME FIRST		MIDDLE		AST		2a. DAT	E OF DEATH	MONTH	DAY YEAR	2P HOT	JR
	,,,,,	PAULIN	re Vi	rginia	K	EADL	E			5.	5.82	-	~
	3 SEX		4 RACE		5. DATE C			6. AGE	(IN YEARS LAST B	RTHDAY)	IF UNDER 1 YE		
-	Fe	male	White		Au	gust 1	5, 1903	78	3	YRS.	MONINS	s Hours	MIN.
-		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.		R MARRIED	9 BALT	MORE CITY	OR COUNT	Y OF DEATH	15 F av	
0	Bo	onsboro, Md.	U. S.	Α.	WIDOWE		DIVORCED [Wa	shingt	on			WD
7		ry or town of death gerstown	HE NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I IN VILLA I	ADDRESS)			(TYPE OF	VAL OCCUPA WORK FOR MOST DUSEWII	OF WORKING	IFE) INDUSTR	OF BUSINI	
-	130 S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN Tyland Was		13c CITY OR TOW	N	13d. INSIDE	CITY LIMITS?	13e. STR 22	EET ADDRESS N . Ma	in St			
	14 FA	THER'S NAME	MIDDLE	TAST		15. MOTHE	R'S MAIDEN NAM	ME	MIDDLE			467	
d		Donovan	C.	Smith		8 13	Martha		I	.	La	pole	
Ī		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFOR	MANT		ADDI	RESS	4 Orch	ard Di	r.
ì	No	ES, NO OR BARNOWN) (IF TES, GIV	E WAR OR DATES	220-58-1	1304	Mrs.	Beulah	K. 5	Siponer	, Bo	onsbor	o, Md	
ľ	7.11	18 CAUSE OF DEATH (Enter on		line far (a), (b), and	1 (c).)						BETWE	OXIMATE INTE	RVAL D DEATH
ì	130	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)			450	LVD				- 1	Sus	100
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	R AS A CONSEQUE									
	20	PART 2 OTHER SIGNIFICANT O			EATH BUT	NOT RELAT	ED TO THE TERM	INAL DIS	EASE OR CO	VDITION GI	IVEN IN PART	llai	
1	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PER	FORMED		UTOPSY?	IN CERT	S, WERE FINI	ES OF DEA	TH?
	ERT	710. ACCIDENT WAS UNDERLYING	7 216. TIME O	F INTURY		Tale HOW	INJURY OCCURR	YES ['ES 🗌	NO [
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR		WASOKT OCCORR	CD (ENI	EK MATURE OF IM	ORT INCHEM TO	PART OR PART 2		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY IEET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCA	TION		CITY OR T	OWN	COUNTY		STATE
		220.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no	4,	2 3 19 5		12 and that in (m	, 19 7 & ny) (our) opinion o	, to death occ			, 19 2 our and fram t		
		22h SIGNIATURE	Van tol		M	DEGREE	ATTENDING PHYSICIAN	MEDIC	CAL STA	AFF ICIAN []		7. ST	
		22d. PHYSICIAN'S NAME ITYPE C	OR PRINT)		A ET	22e ADDE	RESS					186	
		MASA CA DATE	4 44 4			11000	OAK HIL	LA	VE MI	ALERS	STOWN,	M021	174

23c NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use os with the State Dept. of Health MPORTANT: If Hem 21 is

morked or Hem 18 shows ony

24 FUNERAL DIRECTOR John H. Bast, Jr.

230 BURIAL, CREMATION, REMOVAL

FOR

Boonsboro, Md. 21713

Boonsboro, Wash' Co., Md. 250. DATE REC'D. BY REGISTRARY REGISTRARY SIGNALING

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X	×	1	FOR - STATE REGISTRAR		DEPA		ALTH AND MENTAL HY	SIENE 2	1 3	8 8	8
1		1 DE	CEASED NAME	Sim(a	MIDDLE	CENTITI	CATE OF DEATH	REG.			
	9 79	TTYP	E OR PRINTY	Time	1	4.0	K1.	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	doc doc	3 SE	ursa	TOPLE	L-1	e e	Kline		2/2	7/82	D.004M
	4 94	3 56	[^] M	4. RACE	D	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST		UNDER I YEAR	HOURS MIN.
-			1.6	6	quensie		-17-16	65	YRS		
	11 21		IRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN C	F WHAT COUNTE	MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	FDEATH	
1		Wo	lfesville		ISA	WIDOWED	DIVORCED [1	rach	inoto	MD.
L.		10. C	ITY OR TOWN OF DEATH		F HOSPITAL, NUR	SING HOME OF	OTHER INSTITUTION	170 USUAL OCCUPA		12b ND OF	BUSINESS OR
·	a de la		gerstown	Weste	ern Mary	vland (Center	ł was work or wos	0, 10,000,000	INDOSTRI	
21	1 4 400	13a.	AL RESIDENCE LIF NURSING	HOME OR OTHER INSTITUTION	DN. GIVE RESIDENCE BEI	FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	На	gersta	own, M
AND		Ma		shingtor			YES NO T		ngham		
RYL	Jane 2 st		ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	*******	ita.	<u> </u>
MA	I I I		Charles	M .	Kline		Rosa "S	Schilothn	eck+11	Kline	2
#	licol	160	WAS DECEASED EVER IN		? 16b. SOCIAL SE	CURITY NO.	17 INFORMANT	ADD	RESS	17TTII	
IMO	Page		NO.	IF YES, GIVE WAR OR DATES)		+-7743	Rette D	Kline	Same a	c 130	
ALT	sicre per per ol.		18 CAUSE OF DEATH	Enter anly ane cause p			TOUCE D	KILITE	Dame a		ATE INTERVAL
÷ ;	phy npo mov		PART I. DEATH WAS	CAUSED BY:		diere	apire for	a and st	_	IN I	Gul -
N N	orbo or re		420h				Maria Torg	arrant		1	un 5
STO	ttenc ve cc on, i		Canditions, if any, w		OR AS A CONSEC	umon	· · · · · · · · · · · · · · · · · · ·			den	1
PR	he of		gave rise to immed	liate						1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON	by the			last DUE TO,	OR AS A CONSEC	DUENCE OF	t strole	0		20	ne
201	ned plec urial		PART 2. OTHER SIGNIE	ICANT CONDITIONS	CONTRIBUTING T		OT BELATED TO THE TERM	NINAL DISEASE OR CO	In It In It In It	J	, 2
SDS,	Then Then to b	Z	MIT	n'oscle	1	lac	A	CAZ (ADITION GIVEN	IN PART ITO	
0	beer mit. I	FICATION	190 DATE OF OPERATIO		DITION FOR WHI	CH OPERATION	WAS PERFORMED	Z00 AUTOPSY?	70h IF YES V	VERE FINDING	S HEED
L RE	hos hos per per possible possi	벌	NA			()A			IN CERTIFYII	NG CAUSES O	F DEATH?
/ITA	nysicio icote ronsit Hygie 18 sho	CERTI	210. ACCIDENT WAS UNDER	YING A 216 TIME	OF INJURY	114	21c. HOW INJURY OCCUR	YES NO	YES	1 00 0 40 7 23	NO []
P. S	Physical Phy		OR CONTRIBUTING CAU	SE OF DEATH HOUR	A.M. MONTH	DANTEAR	The second second	(Elaler laxione Or lia	UKT HATIEM 10 PAKI	TORPART 2)	
NO	HYSICIA Iding ph ins certifi burial-th Mental ar Item	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED		P.M. E OF INJURY	19	211. LOCATION				
/ISIG	then the purchased of t	ME	WHILE AND WHILE		STREET, FACTORY, OFFIC	E. FARM. ETCA	STREET	CITY OR I	OWN	COUNTY	STATE
5	or o a Afte e os olth		220 I certify that (1) (th	a beseited) essented	Ab 1 6	MA	11/16 10 8	,	100	0	-
	Tata OR:		saw the deceased		7 -7 19	~		death accurred an the	19	11	at (I) (we) last
	RECT ed for pt. o	1,0	abave (ULive) (did 22b. SIGN (UR	(did nat) view the bac	ly after death.	4 -	GREE	death accorred an the	date and nour a		
	the L		Horo	ido 1	11.0		ATTENDING	MEDICAL ST	UFF /	27 DATE SI	GNED /
	VERA De de de Stot		22d. PHYSICIÁN'S NAM	E LIVOS OR RRINIT	1 acor		PHYSICIAN [22e, ADDRESS	DIRECTOR PHYS	ICIA	1/2	7/82
Š	etained by TO FUNERA Shauld be d with the Sta		TI	1	lain-		ALL ADDRESS	82 0 1	10-	- IL	- 1
	should be with the SMPORTA		Florec		alomi	10000	Western	Mayland	Unle	7 110	ferst an
			URIAL, CREMATION, REASPECIFY)				METERY OR CREMATORY	23d. LOZATION		OUNTY	STATE
	BP	24 5	Burial	5-29	9_82	Rest Ha	aven Cement	Hag.	2. W	ash	MD
DH	MH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR	160	01 Penn	sylvan	la Avenue	ENEC'D. EN TOPISTRA	BERREISIN	SIGNATUR	(E
	(711/19, 4)	IRe	st Haven	Funeral (Chapel	Hag	MD 21740				

212-4-7747A Debte D. Jiine Same en limit

death. Page

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ond completely filled in oges land 2 shauld be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coshould be detached for use as the burial-transit permit. Then please remaye carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

medicol

	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 2 REG. NO.	3 8 8 9
		CEASED NAME FIRST	MIDDLE		LAST	28. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
			BABY BOY KNOX			May 13, 198	2 4:45am
	1 SE		4 RACE	5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	White	May		YR5.	50
E		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	WIDOW		Washington	Y OF DEATH MD.
G		Hager stown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Washington Cou	inty	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY
5	130 3	Maryland Was		N	13d INSIDE CITY LIMITS? YES NO K	13e. STREET ADDRESS 2417 Pennsylva	nia Ave.
A	14. F.A	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM		LASI
U		Norman L.	Knox		Betty	D	lurner
		WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES)	RITY NO.	17 INFORMANT	ADDRESS	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	TE CAUSE (0) OR AS A CONSEQUE	NGE OF		INAL DISEASE OR CONDITION GIN 200 AUTOPSY? 100 IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
4	CERTIF	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR		S NO
7		OR CONTRIBUTING CAUSE OF DE		Y YEAR			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	7	22a I certify that (I) (this haspe saw the deceased alive on	ntol) attended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19			to MAY 13.	
1		THE PHYSICIAN STURME COME	MINI		ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	S/W/Y Z
		JOHN D. TU	RCO, M.D.				
	- (BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation			CEMETERY OR CREMATORY	23d. LOCATION CITYOR TOWN Hagerstown Was	COUNTY STATE Shinton Maryland
	24 FU	NAME G WILL	ling. Dodress	-	25a. DATE	Hagerstown Was RECO. BY REGISTRARIZED REGIST	RAP S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

OR ATTENDING

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BP.

and the section of the and tenth A William Principle of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician.

						STAT	E OF TARYLAND				
	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYO	14	2	3 8	9 0
		ASED NAME	FIRST		WIDOLE		AST	20 DATE OF	REG. NO.	DAY YEAR	26 HOUR
		R PRINT)			V	,	1416	2 5	-11-8:)	11 P-
	3. SEX	60	77 1	1 RACE	V	S. DATE O	IIV C	A AGE INV	EARS LAST BIRTHDAY)	IF UNDER 1 YEA	R IFUNUER 2
A		'emale		Whit			11 5, 1904	78	EARS LAST DIRTHUAT	MONTHS DAY	
1		THPLACE STATE OR F	DOE (C.N.		WHAT COUNTRY?	8			RE CITY OR COUNT	TY OF DEATH	
35	Bre	athedsvil	le,Md	. U. S	. A.	MARRIE	- band tond	Was	hington		
90	100	erstown	тн				rother Institution	TYPE OF WORK	OCCUPATION FOR MOST OF WORKING SEKEEPET	LIFE) 126. KIND INDUSTR MOT	OF BUSINES
35	USUAL 130 ST Mar	RESIDENCE (IF NURSI ATE yland	Wash	other institution.	GIVE RESIDENCE BEFORE 13. CITY OR JOV FUNKSTO	RE ADMISSION) VN WN	13d. INSIDE CITY LIMITS?	13e STREET	E. Maple	Ave.	
	14. FAT	HER'S NAME		MiDale	LAST	184	15. MOTHER'S MAIDEN NA	ME	MODIE		
10		Charles	E	MIDOLE	Line		Cora		MIDDLE M.	Clark	AST
medico	16a W/	AS DECEASED EVER			166 SOCIAL SEC		17. INFORMANT		T CADDRYSS	The state of the s	J. E. L.
E	No	S, NO OR UNKNOWN)	I IF YES, GA	E WAR OR DATES)	214-28-	7434	Donald M. L:	ine, H	agerstown	, Md.	21740
ony injury, or o	NO	PART 2. OTHER SIGN	3.0				NOT RELATED TO THE TERM	AINAL DISEASI	DPSY? 20b/IF YI	IVEN IN PART ES, WERE FINE	DINGS USED
Sol	TIE							YES 🗌	4 1	res 🗌	NO [
9		TO ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	110	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITEM 18	PART (OR PART 2	
rked or II	u u	MHILE NOT WH	ED	21e PLACE			211. LOCATION STREET	THE SE	CITY OR TOWN	COUNTY	STA
21 is mo		22a certify that (1) sow the decease above, (1) (me) (d				2 .	nd that in (my) (our) opinion	death occurre	d on the date and ha	ur and from the	that (I) (we
IT: If Hem		20 SIONATURE Ded	m	none	notur		ATTENDING PHYSICIAN [MEDICAL	STAFF PHYSICIAN	27t. DA	11/8
IMPORTANT		DIE PHYSICIAM'S NA	ME (TYPE)	PRINT) NO	DUE DO.	SIF	27e ADDRESS	i Mc	Stown	v m	1.
<u> </u>	•	RIAL, CREMATION,	REMOVAL	236. DATE 5-13.	-82 13c.	NAME OF C	emetery or crematory aven Cemetery		erstown, I		
	24 FUN	John H. 1	Bast,	Jr. B	oonsboro	, Md.	21713	TE REC'D BY B	EGISTRAR 75K/REGI	STI ARE SIGN	ALURE -

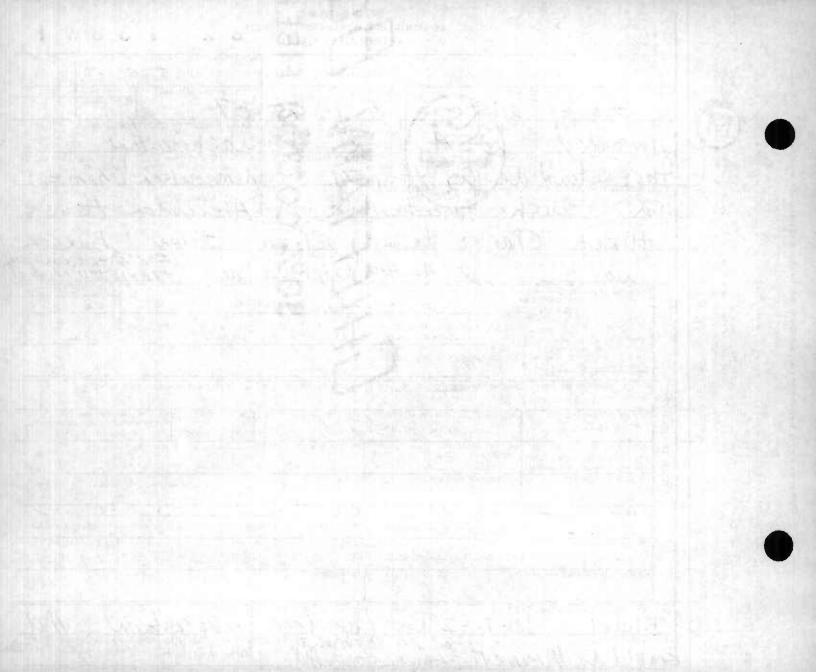
DHMH-16 30M 2/80 (VRA 15, 4)

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Called I idlacma i compatible Appression committee in the new Villeting Figure I Bi . average . I to granten E polynines Lasfyrs Cherdus B. time 21 - 22-743h | Don 14 W. Line : Historicania, 1941 27340 Self-22 tune taves described incorporat, west. Co., Md. denn h. brash dr. Boongoom. M. Billy

	1.	FOR STATE REGISTRAR		DEPA		LTH AND MENTAL HYO ATE OF DEATH	0 4	EG. NO.	1	38	9	
be settly			dith	MIDDLE	Loba	rug 4	20. DATE OF DE	ATH M		DAY YEAR	2b. HO	UR
ge 4 may	3 SE	* Jenule		white	S. DATE OF E	BIRTH YEAR 95	6. AGE (IN YEARS		YRS.	MONIHS DAY		ER 24 HRS
oth. Po	7a. Bi	RTHPLACE (STATE OR FORE	7b. (L) SA	MARRIED WIDOWED	NEVER MARRIED D	9 BALTIMORE	ITY OR	COUNTY	OF DEATH		MD.
s ofter d by the fu iled with	100	TY OR TOWN OF DEATH	N 1	NAME OF HOSPITAL, NU		TZ /	120 USUAL OCC (TYPE OF WORK FOR				OF BUSIN	VESS OR
filled in the fi		AL RESIDENCE (IF NUKSING	LOUNTY	ER INSTITUTION, GIVE RESIDENCE E	TOWN 13	d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS ANO	der	2 /	64.	s.e.
ompletely ompletely ond 2 st		THER'S NAME FIRST RAM	0	harles "U	la llace	MOTHER'S MAIDEN NA	1 2	DDLE 11e	N	B	UR6	ek
be execu			U.S. ARMEE FYES, GIVE WA		6 0989	Relph W	allace	ADDRES	415	PRSO	ROW	BROW U
g physici on poper removol.		PART I. DEATH WAS		11 0 - 7), and (c).) te mysen	rdial Infavo	ction			BETWEE	OXIMATE INT	ERVAL JD DEATH
deoth c ottendin nave cark otion, or traumotic		Canditions, if any, w		DUE TO, OR AS A CONSI	EOUENCE OF	ROTIC Heur	T Disease			4	rles	
s that the ed by the please rer rial, crem or other		cause (a), stating underlying cause	the last.	DUE TO, OR AS A CONSI								
requires en signe t. Then p or to bur y injury,	TION			iditions <u>contributing</u>								
The low reicion. te hos been te hos been ssit permit. I stylen prior	CERTIFICATION	190 DATE OF OPERATIO		Countete	Havet 1310	ock			IN CERTIF	S, WERE FINE FYING CAUS ES	ES OF DE	ATH?
phys fiffico letror ol Hy n 18		210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU: (IF EITHER NOTIFY MEDICAL)	SE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	1c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY	IN ITEM 1B.	PART 1 OR PART 2)	1
DING PHYSIC or ottending After this cer is as the buria oith and Ment marked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	II. LOCATION STREET		TY OR TOW	٠	COUNTY		STATE
prtol TOR: for us of He 21 is		saw the deceased o	alive on	ew the bady after death.	G/II	that in (my) (ear) opinion	, , ,	the dot	ond hou		he causes	
SPITAL OR AT J by the hosp NERAL DIREC be detoched f e Stote Dept. or		22b. SIGNATURE	Ju	esoululu		GREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF			TE SIGNE	
HOSPI bined b FUNEI ould be th the Si		22d, PHYSICIAN'S NAMI	(TYPE OR PRI	NT)	2	2e. ADDRESS						
BP	230.	BURIAL, CBEMATION, REA	MOVAL 2	5-7-82	Rest K	LIERY OR CREMATORY	23d. LOCATIO	PR	tou	COUNTY	_11	101
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	Pald V	min	Wich 3000	N. Pot	SWN M	TE RECTO BY REG	3 198	123	MAR'S SICH	ATURE	Nath

STATE OF MARYLAND



Major M. Osborne Williamsport, Md. 21795

The Street of Land and Land Town of the second the flow of the commence of the condition of the flow of the contract of the c trained appear of the design and the second and the

	1.	FOR			DEPAR		OF MARYLAND	TAL HYGIE	NE			
1	Ι'.	STATE REGISTRAR					ICATE OF DEAT		8 REG.	40 .	3 8	9 3
	1. DE	CEASED NAME OR PRINT)	FIRST		MIDDLE	- 1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
1		Mab	el	Lo	uise	Mald	lanado		A	pril	5 198:	2 "
1	3 SE		18.5	4 RACE		5 DATE C		EAR 6	AGE IN YEARS LAST RE	RTHOAY)	# UNDER I YEAR	IF UNDER 24 HRS
		Female		Bl	ack	Augu		931	50	YRS		
16	To Bi	RTHPLACE (STATE OR FO DUNTRY)	REIGN		WHAT COUNTRY	MARRIE	E NEVER MARRI		Washing			
5	10 C	TY OR TOWN OF DEA	TH			ING HOME C	D DNORCE		120 USUAL OCCUPA			OF BUSINESS OR
10		agerstown		Aval	on Man	or Nui	sing Hon		Domest			
36	13a S	AL RESIDENCE (IF NURSI Md.	136 COUN	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE 13. CITY OR TO Hagers	TOWN	134. INSIDE CITY LIA	MITS?	38. STREET ADDRESS	mans	Avenu	e
0 A A	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL		E			
-/1		Robert		A.	Stone	er	Mary	У	M.		Stor	isi 1 er
	16a. V	VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDI			
1		No			217-28	-6343	Mrs. Ja	anet	Burnett	464	N. Jor	athan S
		I CAUSE OF DEATH	Enter on	ly one couse per	line far (a), (b), o	ind (c).)					BETWEEN	XIMATE INTERVAL
		PART I. DEATH W		E CAUSE to)	Cere	bral	Vascular	r Acc	cident	195	mi	nutes
		1479		DUE TO, O	R AS A CONSEQ	UENCE OF						
		Canditians, if any,		(b)_	Sarcon	a of	naso-pha	aryn	Χ		5 yr	rs
		gave rise to imm cause (a), stating underlying cause		1	R AS A CONSEQ	UENCE OF						
		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR COI	NDITION GI	VEN IN PART 1	(a)
	CERTIFICATION		Ch:		is medi							
2	\A	19a DATE OF OPERAT	ON				N WAS PERFORMED)	200 AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
/	TE	None			-	-			YES NOTE		ES [NO [
9		210 ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY C	OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18.	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY		21f LOCATION		CITY OF TO		COUNTY	
	Z	WHILE NOT WH	K 🗆	2.0	REET, FACTORY, OFFICE	FARM, ETC)	SIREET			_	COUNTY	STATE
		220 1 certify that (I) (this haspit			har	19	82	to Apr	5	1982	, that (I) (we) last
		saw the deceased above, (1) (we) (di			after death 19.	82, or	d that in (my) (aur) o	apınian de	eath accurred an the	date and ha	ur and fram the	e causes stated
		226. SIGNATURE	/)	T VIEW THE DUCY	arier death.		DEGREE				22c DAT	ESIGNED
		WW.	lenh	120			ATTEN	DING	MEDICAL ST.	AFF ICIAN []	4-	6-82
		224 PHYSICIAN'S NA	ME (TYPE OF	PRINT			22m ADDRESS					
1		William	W.	Lesh N	T.D		411 Di	visi	on Ave	Hager	rstown	,Nd
	23a. E	URIAL, CREMATION, F	EMOVAL	236 DATE	1 - 1 -		EMETERY OR CREMA		236. LOCATION CITY OR TOWN	me T	COUNTY	STATE
		Burial		1 4/	9/32	nose !	Hill Cem		Hagerst		Vash.	Md.
M /79	24 FU	INERAL DIRECTOR	in	10000	ADDRESS	+18.	a md.	AP AP	REC'D. BY REGISTRA	R 25b REGIS	TRAP'S BIGNA	JORE CA.
		The state of the s	and of	10000	JIM	up voca	1	-				

The result of the second secon THE COURT OF THE C . Market and the second She gover I flower fouth favor white with the state of the

FOR 1 - STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 4	3 8 9 4
I. DECEASED NAME FIRST	WIDDLE		AST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	rt Gibson	MARC	UM,Sr.	5 6	82 2:21
3. SEX	4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2 H
Male	White	Apr.	29,1920 ***	62 yrs.	MONTHS DATS HOURS A
76. BIRTHPLACE (STATE OR FOREIGN COUNTY Trginia	76. CITIZEN OF WHAT COUNTRY	10 0	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY WASHINGTON	Y OF DEATH
10. CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Washington	ET ADDRESS!	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI FATMET	126. KIND OF BUSINESS INDUSTRY Farm
Maryland War	e or other institution give residence before unity 13c CITY OR TO Sharpst	WN	13d. INSIDE CITY LIMITS? YES NO 🖔	Rt.1 Box # 53	3
John Warre	Marcum Marcum		Hessie		auley LAST
160. WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES) 231-22		Agnes V.Mai	cum item 13 ab	ove
PART 2. OTHER SECURITION PART 2. OTHER SECURITION PART 2. OTHER SECURITION PART 3. OTHER SECU	L 20-114 -	Type 7	I 060	IN CERTS	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING	[] 716, TIME OF INJURY		THE HOW INJURY OCCURS	TED (ENTER NATURE OF PUBLISH PARTIES III.	ES NO
		DAY YEAR	XIIIX		
21d. INJURY OCCURRED WHILE INTOWNILE INTOWNIL	21e PLACE OF INJURY 147 HOME SHEET FACTORS OFFICE	11 2 212 2	THE LOCATION	CHI ON FOWN	COUNTY STAT
saw the deceased alive above, (I) (we) (did) (dig	on 19.	4 3/ on	William I William	death occurred on the date and has	
	una Tuglu		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/1/8c
	gler mo		Geeting L	n. Keedysville	, Md.
230. BURIAL, CREMATION, REMO (SPECIFY) Burial			EMETERY OR CREMATORY I Cemetery	Sharpsburg Was	
Major M. Osbor	ne Wmspt.,Md. ADDRESS		25c. DAT	E REC'D. BY REGISTRAR 255 REGIS	TRAR'S SIGNATURE

A Rose Food Market Cricol Color Color the state of the party of the state of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 1 3 8 9
I. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26
	bert Lee	Martin	May 29 1982 /
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF I
Male	White	Jan. 10 1908	74 YRS, MONTHS DATS HO
To. BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF WHAT COUN	NTRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Washington County
10. CITY OR TOWN OF DEAT	H 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	IURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BL
Hagerstown	Washington	County Hospital	Supervisor Railro
130 STATE	IG HOME OR OTHER INSTITUTION GIVE RESIDENCE 136. COUNTY 136. CITY OF	R TOWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS
Maryland	Washington Hage	erstown YES X NO 1	159 W. Washington St
FIRST	Albert Mar	ST FIRST	Katherine Mills
Joseph		L SECURITY NO. 17 INFORMANT	
(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	10-7519 Dovanon N.	Burger 219 Robinwood
Conditions, if any, gave rise to imm couse (a), stoting underlying couse	diate the lost DUE TO, OR AS A CON:		MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
190. DATE OF OPERATI		vhich operation was performed	200 AUTOPSÝ? ZDB. ÍF YES, WERE FINDINGS IN CERTIFYING CAUSES OF
RITE			YES NOW YES N
	USE OF DEATH HOUR A.M. MONTH	H DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CA		19 211 LOCATION	
AMBIE NOI MHIE	E TAT HOME, STREET, FACTORY, C		CITY OR TOWN COUNTY
270 Certify that (1) (this hospital attended the discersed	from 5-74- 10 8/	- 10 17 10 12 100
sow the deceased	11/200	DEGREE	n deoth accurred on the date and hour and from the couse the date on the date of the date
22d. PHYSICIAN'S NA/	Letral 22 hol	J 82 John	In clayford Cogenty
23a BURIAL, CREMATION, R		231 NAME OF CEMETERY OR CREMATORY	23d. LOCATION SILY OR TOWN
Buria	1 6-2-1982	Riverview Cemete:	ry Williamsport Wash

DHMH - 16 50M 1/81 (VRA 15, 4)

this certificate has been

TO FUNERAL DIRECTOR After

N. Minnich Hagerstown, Maryland 24 FUNERAL DIRECTOR
Cerald N.

JUN 3 BY 1982AR

The second of th protection continued the land comed corrections muchouse. decree of the transfer decree as a second of the second of m remainder person of a common colliner of the THE STATE OF THE PROPERTY OF T

Balto., Md.

REGISTRAR

Removal

24 FUNERAL DIRECTOR

Anatomy Board

DHMH-16 30M 2/80 (VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER CERTIFICATE OF DEATH

REG. NO

2b HOUR

4:45

12b. KIND OF BUSINESS OR

LAST

IF UNDER I YEAR

INDUSTRY

YES [

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

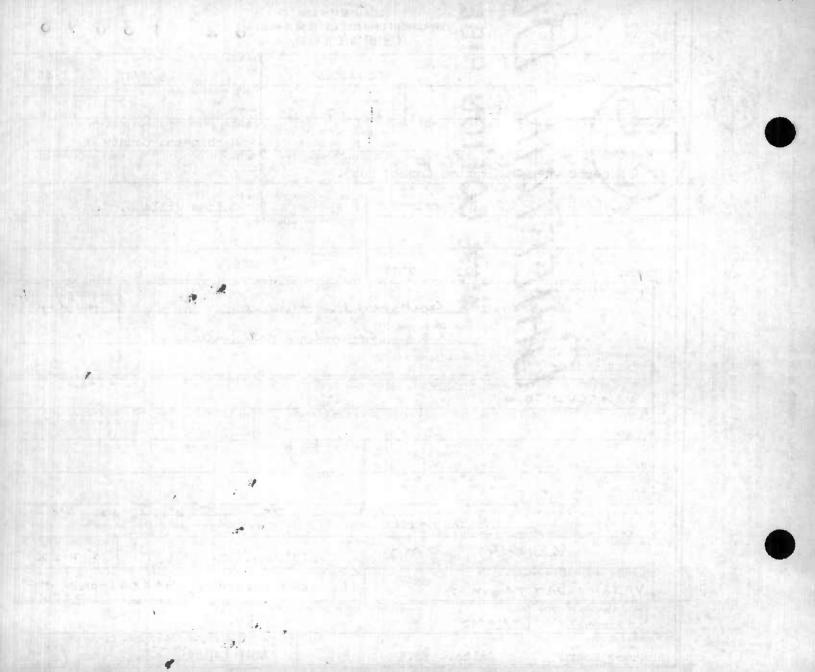
COUNTY

. 19 _____, that (I) (we) last

22c. DATE SIGNED

STATE

20. DATE OF DEATH MONTH



R			FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.	1 3 8 9 7
		(1	DECEASED NAME FIRST PPE OR PRINT) E / Z A D A SEX	MIDDLE LAST 20 DATE OF DEATH MON' MERIC / E 5. DATE OF BIRTH ADDITE 6. AGE (IN YEARS LAST BIRTHOAY MONTH DAY YEAR	-82 4:23pm
	s ofter death. Page by the funeral direct led within 72 hours a	2	COUNTRY) TNDIANA CITY OR TOWN OF DEATH 11	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MO	OUNTY OF DEATH ING TO M MD. 175 KIND OF BUSINESS OR
MARYLAND 2120	mplerely filled in by ond 2 should be file	130	UAL RESIDENCE (IF NURSING MORE OR OTE IS TATE IN THE IS NAME FATHER'S NAME John Wesley	9. SILVER SPRING YES EN NO 35/1 FORE, 115 MOTHER'S MAIDEN NAME PIRST MIDDLE	IAST
ALIIMOKE, N	on and com	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? AR OR DATES) AR OR DATES) AR OR DATES)	
(US, ZOI W. PRESION SI., 8	equires that the death certificate signed by the attending physic free please remarke carbanapep to buriol, cremation, or removed injury, or other traumatic event, the	NO	Conditions, if ony, which gave rise to immediate couse lost. PART 2 OTHER SIGNIFICANT CONTRIBUTIONS COURSE TO CONTRIBUTION CONTRIBUTIO		STWEEN ONSET AND DEATH GOVERNMENT AND THE STREET OF THE S
AL KECO	icran. The law re isran. The has been stripermit. Tygene prior shows any in	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	YES NO NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF	TTENDING PHYSICIAN: The Inpital or attending physician. TOR: After this certificate has for use as the build-transit per of Health and Marital Hygiene of Health and Marital Hygiene 21 is marked or Item 18 shows	MEDICAL C		HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN attended the deceased from 19 22 and that in (mx) (my) (my) opinion death occurred on the data or	COUNTY STATE
	O HOSPITAL OR ATTEN etained by the haspital TO FUNERAL DIRECTOR. Should be detached for us with the State Dept. of the MAPORTANT: if hem 21 is		226. SIGNATURE 226. PHYSICIAN'S NAME (Type OR PR	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1220 ADDRESS T. (CANG 1833 V. Ass. Hage	22c. DATE SIGNED
	BP DHMH - 16 50M 1/81 (VRA 15, 4)	24	(1994-81)	May 5, 1982 Arlington National Arlingt Takoma OF The Property of CREMETERY OF CREM	on, Virginia. LEGISTRAR'S SIGNATURE. Mancas Gan Nathan

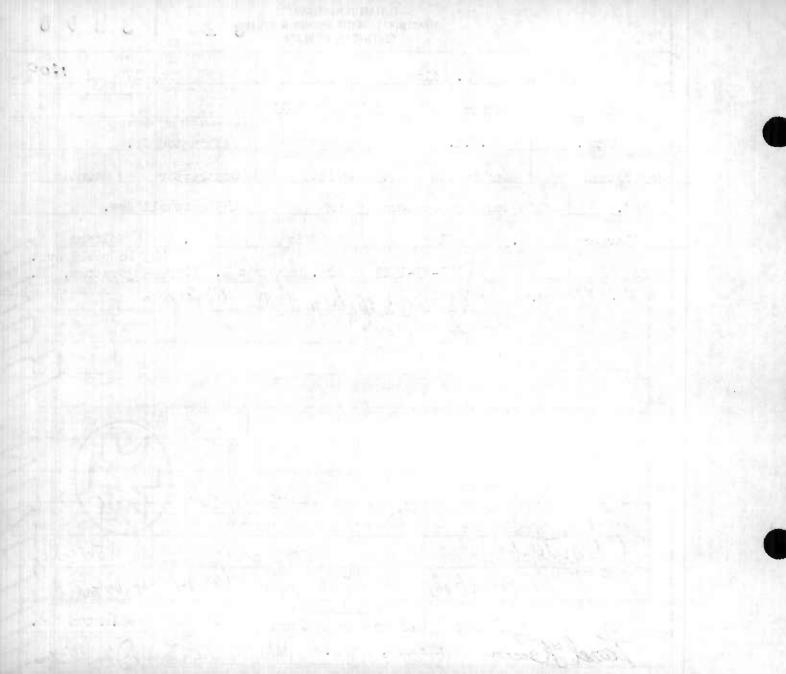
And Tonge. John Hasley Conaldson. Luzolla F. Bucher. Silver Spring, vd. an antimoter too. 1600 "teleration ne. May 5, 1982 helington Vational Amlington, Virginia. .intraff A CANAL TO THE REPORT OF THE PROPERTY OF THE PARTY OF THE

	1 -	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	REG. I		3 8 9	8
-		CEASED NAME FIRST OR PRINT)		WIDDLE	L/	ST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
180		Willian		H. Miley				May 17	82	1 FO A M
到现	3. SE	X	4 RACE		S. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST B		MONTHS DAYS	IF UNDER 24 HRS
and the		Male	Whit	æ	Jul	y 8 1911	70	YRS.		
416	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B MAPPIER	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
10		Penna.	U.S	.A.	WIDOWE		Washingt	on Co.		ME
316	10 CI	TY OR TOWN OF DEATH	11. NAME OF			ROTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	12b. KIND O	F BUSINESS OR
2/7	Ha	gerstown		ngton Con		ospital	Contract		Paint	aing
201	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	ADMISSION)		100000000000000000000000000000000000000		2024	Z-2-2-2-5
20	130 3	1	ington	Hagerstow		13d INSIDE CITY LIMITS?	130 STREET ADDRESS		lve.	
iner	14 FA	THER'S NAME			256.77	15. MOTHER'S MAIDEN NA	AME			
exomi		Clarence	MIDDLE	Milev		Effie	MIDDLE WILLIAM		Wolford	7
103	16a V	VAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADD		cDowell	
medicol		res, no or unknown) (if yes, givi	E WAR OR DATES)	173-03-1	1570	Manaa	ret E. Mile		erstown	
Then please remove carbonpopers: To burial, cremation, or removal injury, or ather traumatic event, the	NOI	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost	(c)_	PR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIV	EN IN PART 110) i
ows any ir	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	OF DEATH?
Item 18 shov		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)			AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN.	URY IN ITEM 18, P	ART I OR PART 2)	
is morked or	MEDICAL	21d_INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.]	211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
Dept. of I		22a.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	7-11	19		d that in (my) (our) opinion DEGREE ATTENDING	/			
with the State Dept. IMPORTANT: If Item		22d. PHYST IAN'S DAME (TO A)	PRPRINT)	boh		PHYSICIAN 1	CONTRACTOR PHYS	HA	sent for	Ad
s <u>s</u>	23a. 8	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 5/19/		-	METERY OR CREMATORY	Leitersbu	rg Was	county hingtor	n Md.

Leitersburg Lutheran

DHMH - 16 50M 1/76 (VR A 15 (4))

Waynesboro, Penna.



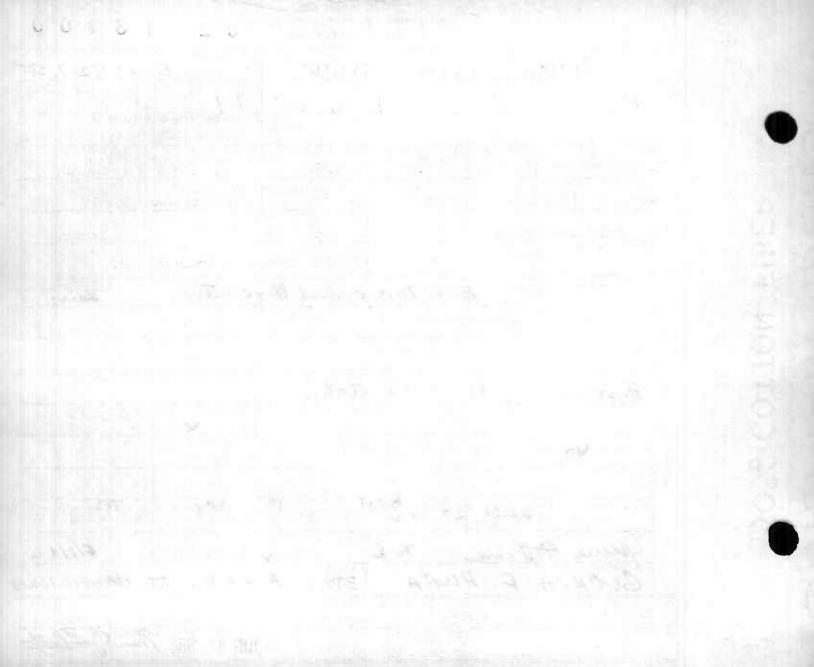
DHMH-16 30M 2/80 (VRA 15, 4)

ģ	1-	FOR STATE REGISTRAR	DEPARTM		FICATE OF DEATH	IENES 2	3 8 9	1 4
	1. DE(Edwa.	rd Zachari	15,1/	Miller	DATE OF DEATH MONTH	PZ_	26 HOUR 2 M PM
	1. SEX	1006	4 RACE	S. DATE	OF BIRTH	6. AGE SIN YEARS LAST BIRTHDAY)		IF UNDER 2WHRS
		PIHIE	White	Ma		68 yrs		MIN.
1	Ta. Bi	RTHPLACE LIFATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D M NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUN	TY OF DEATH	
9	M	aryland	USA	WIDOW		Washington	County	MD.
0	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME (120 USUAL OCCUPATION	12b. KIND OF	BUSINESS OR
7	Ha	gerstown	Washington Cou	inty	Hospital	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	
5	13a. S Ma	ryland Was	hington Give RESIDENCE BEFORE NTY Hington Hagers	N.			Rowland	d Road
^	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST	
U			Sherman Mille		Mary	Ann	Gar	rison
		YAS DECEASED EVER IN U.S. AR	VE WAR-OR DATES)		17. INFORMANT	ADDRESS		
	_	ies w	W11 \$35-28-4	トンシン	Emma F. M	liller s		13a-e.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly one cause per l m l= (a) (b), and D BY:	1000	earlych Ant	910 HIESOF	BETWEEN ON	ATE INTERVAL NSET AND DEATH
		4149 IMMEDIAT	TE CAUSE (o)		11010) (() ()		
		////	DUE TO, OR AN A SOMSEDUE	N9554	att841011	21/6/13		
		Conditions, if any, which gave rise to immediate	(b)	1		, v, -		
	33	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	N'CE OF				
		PART & DTHER SIGNIFICANT O	(c) CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION G	IVEN IN PART 1(a)	
	NO	Moun	61911 8279 f	7				
	CERTIFICATION	IN DATE OF OPERATION	WE CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDING	SS USED
	TIFF						YES []	NO [
Y	8	21a. ACCIDENT WAS UNDERLYING		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	B. PART 1 OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEA	(III)	19				
1	MEDICAL	214. INJURY OCCURRED	218. PLACE OF INJURY	DAY ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	2	AT WORK AT WORK TO	(ACTIONE, STREET, FACTORY, OFFICE, FA		7) -7	1-1	81	
			toll offended the deceased from_	12	19/6			not (I) (we) lost
	8	saw the deceased alive an above (I) (we) (did) (did no	1) view the body ofter death.	14.0	nd that in (my) (our) opinion d	death accurred on the date and he	our and from the co	ouses stated
		226. SIGNATURE	11/1/1/1		DEGREE	benien	22c. DAJE SI	IGNED
	O.	1116/10/1	Jajan M.D			MEDICAL STAFF DIRECTOR PHYSICIAN	1 371	100
1		PHYSICIAN'S NAME (TYPES	to R-LAMITA	e posh	78 JOHN	e/80/8/04/ Story	1 End towl	' hd
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	#ONNTY T	STANIO
5		Burial		OUTT	ven Cemeter	y Hagerstown	Wash.	STAMD
	24. FU	INERAL DIRECTOR REST	HAVEN FUNERAL			REC'D. BY REGISTRAR 256. REGI	STR AR'S SIGNATUI	RE
	3 3	Tour Pen	na. Ave. Hagei	500	MA)	1 1 3 1982 Janes	6 Jan/16	enthen

STATE OF MARYLAND

(/	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	0 4	1 3	9	0 0
V		CEASED NAME FIRST	3	MIDDLE		AST	REG. N	MONTH DAY	YEAR	26 HOUR
y be	,,,,,,	Hele	n/-	IVENE	2	miller	14.0	5 31	82	7:30tm
ge 4 mo	3. SE	F	1. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UP	DER 1 YEAR	HOURS MIN.
S (and b)		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Washingt	R COUNTY OF	DEATH	AAD
s ofter d		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING HEACHITY, GIVE STREET	ADDRESS)	POTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C CUSTOdian	F WORKING LIFE)	26. KIND OF NDUSTRY Chur	BUSINESS OR
filled in bound be from the filled in bound be from the filled in bound be from the	130. 5	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUNTY) 13b. COUNTY 15b. COUNTY 15	OTHER INSTITUTION		E ADMISSION)		13e. STREET ADDRESS 950 Mt.			
ompletely ond 2 st		THER'S NAME rederick A. And	niddle lrews	LAST		15. MOTHER'S MAIDEN NAME FIRST Mary	ME MIDDLE		Bowe	ers
ond co			MED FORCES? E WAR OR DATES)	214-09-2		17. INFORMANT	ADDRE			
be of rs. Po	No			214-09-2	010	Vivian Grov	e, Hagersto	wn, Md		
physic on pope emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse pe D BY: 'E CAUSE (o)	fine for (a) (b), or	Lyca	ardial Gr	farition	1	BETWEEN ON	ATE INTERVAL NSET AND DEATH
oth ce ending corbin n, arr matic		4100	DUE TO, C	OR AS A CONSEOU	ENCE OF				Single	
hot the de by the ott ose remov 1, crematio		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	DR AS A CONSEQU	ENCE OF					
equires t n signed Then ple r to burio injury, or	NO	PART 2. OTHER SIGNIFICANT C	n a	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	PART 1(o)	
on. he low re has been to permit. I permit. I permit.	CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES C	SS USED OF DEATH?
YSICIAN, Th ding physicio s certificate I souriol-tronsit Mentol Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING SE OF DEA	TH HOUR A	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
offendin offer this of the bull of the bull of the bull of the bull	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY IREET, FACTORY, OFFICE	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDIN spital or CTOR: Af I for use of Health		220-1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	april	27 195	2,00	ed that in (my) (our) opinion o	to row	19 ote and hour one	trom the co	ot (I) (we) lost
TAL OR Ay the hook AL DIRECTOR DEPORT		226 SIGNATURE Hum 9-	Pur		n-O		MEDICAL STAF		22c. DATE SI	1/82
CO HOSPITAL etoined by the TO FUNERAL should be det with the Stote MPORTANT:		GUORIH	R PRINT)	Pun	1	339 E. A	rtieton	ST. H	AGG	rstoun
	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Lrial				EMETERY OR CREMATORY	23d, LOCATION CITY OR TOWN	co	YINL	STATE
BP		ITIAL UNERAL DIRECTONINNIC	June 3	3,1982 R	est Ha	aven Cem.	Hagersto	wn. Was	shM	aryland
DHMH-16 30M 2/80 (VRA 15, 4)		15 E. Wilson Blv					JUN 3 198	2 Man	San	Martin
	_		7	B	11100	-1110				

STATE OF MARYLAND



		FOR STATE REGISTRAR				PARTMEI (NT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	HYGIENE	8 2 REG.	NO.	3	9	0	1
		CEASED NAME F OR PRINT) Mai	IRST		lizabe	th		AST LILLER	2a. C	DATE OF DEATH		DAY	YEAR	2b. HC	OUR
1	3. SE2		-	ACE	11Zane		. DATE C		6 AC	May 2	13, 19		ER 1 YEAR	IF UND	ER 24 HRS
	3. JL	Female	1	Whi	te		Jun	DAY YEAR	0. 40	87	YRS	MONTH	DAYS	HOURS	MIN.
100		RTHPLACE (STATE OR FORE COUNTRY) ry land	IGN 7b. (CITIZEN OF	WHAT COUN			D NEVER MARRIED	X X	ASHINGTO	OR COUN		EATH		MI
111		TY OR TOWN OF DEATH gers town	11.	NAME OF	HOSPITAL, N CHFACILITY, GIVE N Mano	URSING E STREET ADD	HOME (OR OTHER INSTITUTION	(TYP	USUAL OCCUPA E OF WORK FOR MOS Decreta	T OF WORKING		COVE		-15
1	13a. S	D.C. -	COUNTY	ER INSTITUTION	13c. CITY OR Wash i	RTOWN	,	13d. INSIDE CITY LIMITS YES MO []	? 13e.	STREET ADDRES	s umbla	Rd.	NW		
9/	14. FA	THER'S NAME FIRST George	And	lrew	Mil	ler		15. MOTHER'S MAIDEN	NAME	McKee		3	Hers	hey	
9		(AS DECEASED EVER IN ES, NO OR UNKNOWN)	U.S. ARMED FYES, GIVE WA		16b. SOCIAL			17 INFORMANT					1795		
2		no -			578-5	8-93	12	Mrs.Marion	M.M	iller 2	Mt.T	amma			MS P T
9	CERTIFICATION	underlying cause l		(c) IDITIONS <u>C</u>	ONTRIBUTING	G TO DE	ATH BUT	NOT RELATED TO THE TE	ERMINAL 20	DISEASE OR CO	20b. IF Y	ES, WER	PART 11 RE FINDII CAUSES	NGS US	ATH?
9	-	210. ACCIDENT WAS UNDERLY		21b. TIME C HOUR A.	OF INJURY .M. MONTH	H DAY	YEAR	21¢ HOW INJURY OCC		ENTER NATURE OF IN		YES DART 1 O	R PART 2)	NO	
4	MEDICAL	(IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE	.M. OF INJURY REET, FACTORY, O	OFFICE, FARA	19 A, ETC)	211 LOCATION STREET		CITY OR	TOWN	C	DUNIY		STATE
		22a I certify that (I) (the saw the deceased c	live an	1		fram _19	, 01	nd that in (my) (our) opini	ian deoth		date and h	, 19 our and			(we) las
		22b. SIGNATURE	75	Y	5	-h	1	DEGREE ATTENDING PHYSICIAN	G ME	DICAL ST	AFF SICIAN []	2	2c. DATE	SIGNED	
7		WITTIAM	all on the last	1 11	M.D.	The second		138 E.Ant	ietan	st. Ha	gerst	own,	MD2 1	740	
	24 FL	URIAL, CREMATION, REA Burial INERAL DIRECTOR	M	36. DATE 1ay 24		Bro	adfo	erding Cemet	eny	d LOCATION CITY OF TOWN OF THE CONTROL DAY REGIST	nWash	ingt	on h	lary	STATE
	Ma.	jor M.Osborn	e Wil	liams	port,M	ID XX	RE	21795		14			467		

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Waynesbero, Penna.

(VRA 15, 4)

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medal \$/25/1968 owers Hill Commons, assessors resulting paints.

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9	1.	FOR - STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. NO.	3903
, be		CEASED NAME FIRST Joseph	Ruthrauff	MINNICH, Jr.	May 11, 1982	DAY YEAR 26 HOUR
4 moy	3. SE	x ale	4. RACE white	5. DATE OF BIRTH Feb. 13, DAY 1925	6 AGE (IN YEARS LAST BIRTHDAY) 57	FUNDER LYEAR FUNDER 24 HE
Poge		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	V2 8	YRS.	OF DEATH
# EK # 5		arvland	USA	MARRIED X NEVER MARRIED !	Washington	
11 19	10. ⊂	ary in the arrown of DEATH agerstown		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT	126 KIND OF BUSINESS
filled in b	USU 13a. 3	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE	ORE ADMISSION) OWN 134 INSIDE CITY HANTS:		Street
ond 2 sh	14. F/	Joseph R. Min	MIDDLE LAST	15. MOTHER'S MAIDEN		LACT
Pages 1		WAS DECEASED EVER IN U.S. AR	E MAR OR DATECT		ADDRESS	m Md
0 0 0	Y				Minnich, Hagerstov	
ing physicia rban papers r remaval ic event, the			nly ane cause per line for (a), (b), ED BY: TE CAUSE (b) MYOCA	RDIAL ENFAR	CTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
e atending mave carb nation, ar r fraumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	RY ARTERY	DISEASE	
ed by please rial, cr		underlying couse last.	DUE TO, OR AS A CONSEC			
n signed Then pli r to burn injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIV	EN IN PART T(a)
hos been prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
rich Charles in ding physicion in certificate h buriol-transit. I Mental Hygies or Item 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH	DAY YEAR 19 71c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
After this of the burner of th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
CTOR: for us of He		saw the deceased alive on	tal) attended the deceased from		ion death accurred an the date and hou	r and from the causes stated
ral OR A y the hos tal DIREC detached ote Dept. ut. If Item		226. SIGNATURE	oza	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL (etained by the TO FUNERAL II should be deta with the State I		22d PHYSICIAN'S NAME (TYPE O	ROZA		od lovaty Hospi	1796
BP	b	Burial, cremation, removal (SPECIEV) urial	May 14,1982		Park Hägerstown,	11.11
MH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR $\overline{ ext{MINNI}}$ $15{ ext{E}}$. Wilson $\overline{ ext{Bl}}$	CH FUNERAL I	OME vn, Md. 21740	MCD. BY RECHEAR 251 PERSONS	RARSIGNATURE

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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I. DEC							REG. N	0.		
11yps	OR PRINT)	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	(George	e F	Howard	MC	DATS	MA	y 10,	1982	12:
3 SEX			4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIE		JNDER I YEAR	IF UNDER 24
	male		white		Nov.	29, 1908	73	YRS.	THS DATS	HOURS
7a. BIF	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	D ENEVER MARRIED	9 BALTIMORE CITY		DEATH	
	Maryla		USA		WIDOWE	D DIVORCED	Wash	ington		
10 CI	TY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSING	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	F BUSINESS
_	lagerstown			gton Coun		ospital	milling ma		Airc	raft
130 S	AL RESIDENCE (IF NUR	13b COUN	TY	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			11-11-
	Maryland	Washi	ington	Hagersto	own	YES NO X	13e. STREET ADDRESS 14 Clinto	n Aven	ue	16
II FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	ī
	Howar			Moats		Edith			Bloye	r
(Y)	VAS DECEASED EVER		MED FORCES?	218-07-10		Mrs. Ethel M	ADDRI		Many	land
N	No.			210-01-10	003	Mis. Ethel M	oats, nager	Stown,	1.0	
	18 CAUSE OF DEAT	TH (Enter onl		r line for (a), (b), and					BETWEEN	MATE INTERVA
	PARTI. DEATH V		E CAUSE (v)	RESPIRATO	RY AR	REST			NOME	NTS
	4340		DUE TO C	DR AS A CONSEQUE	NCE OF				7	
	Canditions, if any	. Juliatala	6	FET MIDD	LE CE	REBRAL ARTERY	TUROMBOCIS		6 MO	SUTIA
	Contamons, it only	, which	(b)		LE OF	REDRAL ARIENT	IHRUMBUSIS			MINO
	gave rise to im	mediate) (0)_			REBRAL ARTENT	THRUMBUSTS			MINS
		mediate ng the) (0)_	DR AS A CONSEQUE		REDRAL ARIENT	THRUMBUSTS			NIAS
	gave rise to im cause (a), stati underlying causi	mediate ng the e last.	DUE TO, O	DR AS A CONSEQUE	NCE OF					
NO	gave rise to im cause (a), stati underlying causi	mediate ng the e last.	DUE TO, O	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM				
CATION	gave rise to im cause (a), stati underlying causs PART 2 OTHER SIG	mediate ng the e last.	DUE TO, O	DR AS A CONSEQUE	NCE OF			DITION GIVEN	IN PART 10	NGS USED
TIFICATION	gave rise to im cause (a), stati underlying causi PART 2 OTHER SIG	mediate ng the e last.	DUE TO, O	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 10	NGS USED
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MEDICAL	gave rise ta im cause (a), stafi underlying cause PART 2 OTHER SIG BPH 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 22a. I certify that [1] saw the decrease obove. (1) (a)	Mediate ng the e lost. NIFICANT C ATION IDERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILLE JOHN MANAGE Ged alive of did) (ACTAM	DUE TO, CO (c) ONDITIONS C 196 COND 196 COND 216 TIME C HOUR A P 216 PLACE (AT HOME ST View the body	ON AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D OF INJURY	OPERATIO Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCURR 211. LOCATION STREET 19. 02 Ind that in (my) (my) (my) (my) (my) (my) (my) (my)	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN 19, ate and haur or	(ERE FINDING CAUSES OF PART 2) COUNTY 82 and from the 122c. DATE MAY 1	NGS USED OF DEATH? NO STAT
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DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remave carbanoape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval

burial | May 12,1982 | Broadfording Cem.

4 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

MAY 13 1982 Janes Ve

TOBUNA WHOTAMISARE THOUGHT WEST WATER SAFEET STATES STILL YA TEST MARIE MOTOR I HAM TEST !! MEDITER, ATTACH Poges .

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is morked or Item 18 shows ony

injury, or other troumatic event, th

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CEKITI	ICATE OF DEA	ın	REG. NO.			9	7
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY	YEAR	2h HOUR	R
	(1.1.6	. OK PRIIGIT	Lena	1	Marie	M	YERLY		May 2, 19	82	794		M
	1 SEX	x fema	le	4 RACE	white	5. DATE O	c. 3°4 191	. '9'	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	DAYS	IF UNDER 2	24 HRS MIN,
7		RTHPLACE (STATI	OR FOREIGN		WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY OR COUNTY OF DEATH Washington		ATH		MD.	
5		TY OR TOWN OF		652 N. Pros		SING HOME OR OTHER INSTITUTION REET ADDRESS!		ION	126. USUAL OCCUPATION 12b. KIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST		KIND OF USTRY HC	BUSINES	
7	Md. Wa		13b COUI	VTY	130 CITY OR TOWN	N	13d. INSIDE CITY I		13e. SIREET ADDRESS 652 N. Prospect				
i	14 FA	THER'S NAME		MIDDLE	TAST	VI.	15. MOTHER'S MA						112
		George		F.	Kuhn		Ec	ith	MIDDLE	3 3	Roc	of	
		VAS DECEASED ET		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Mar.	ADDRESS	1			-
		no	(In tes, Gir	E WAR OR DATES!	214-54-0	373	Mr. Cha	rles	D. Myerly Sr.	Hager	stor	n, Md	1.
		4149	IMMEDIA	TE CAUSE (a)	Ine far (a), (b), and CARD/	0 10	ESPIPA:		1 ARMES	BE	APPROXIM TWEEN OF	NATE INTERV	DEATH
		Conditions, if gove rise to couse (a), st underlying co	immediate ating the iuse last.	(c)	r as a conseque	NCE OF	ASC.	VE),				
	TION	DIABRIR	STELL	TUS; H	YPOTH 4RDI	DIM	RENDI	74	INAL DISEASE OR CONDITION				
)	CERTIFICATION	19a DATE OF OPE		19/ COND	ITION FOR WHICH	OPERATIÓ	N WAS PERFORME	D	200 AUTOPSY? 20b. IF	YES, WERE RTIFYING C. YES []	FINDING AUSES (GS USED OF DEATH NO	H?
1		210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	CAUSE OF DE	114	M. MONTH DA	Y YEAR	21c HOW INJUR	OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR P	(ART 2)		Ý,
	MEDICAL	216 PLACE OF INJURY WHILE NOT WHILE AT WORK AT WORK				ARM ETC }	211 LOCATION STREET		CITY OR TOWN	cou	NTY	\$1	TATE
		22a.1 certify that (I) (this hospital) attended the deceased from 19 20 19 19 10 4 30 1 sow the deceased alive an 4-30, 19 31 , and that in (my/(our) opinion death accurred on the date and hour above, (I) (we) (did) (did not) view the badylatter death.										nat (I) (w	
		776 SIGNATURE	or Or	Sh	v S	4	GREE ATTE	NDING L	MEDICAL STAFF DIRECTOR PHYSICIAN	224.	DATE S	F. 8	2
		O (O	Ro 2	A NO			100 LO /	161	TEADON DRI	UE F	1461	RUNG	IN DO

BP.

retained by the hospital HOSPITAL

DHMH-16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial May 5,1982

Funeral

Home

24 FUNERAL D

23c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Memorial

Smithsburg, Md

23d. LOCATION

Hagerstown, Wash, Md al Park Hagerstown, Wash, Md

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

MAY 7 1982 Zances Van West

1982

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Total Committee	The state of the s			as town		efacet.
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	interregal of affect a points of the control of the					spiotari n
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	On the street of the contract	lives of the same	ill too			
			Silver A			

1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 2	3 9 0 6
	PECEASED NAME FIRST PE OR PRINT) Arthu	r Gorman	NEWCOMER	May 15, 19	82 YEAR , 26 HOUR
3. S	male	4 RACE white	5. DATE OF BIRTH July 31, DAY 1893 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 88 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH	U.S.A.	* 8. MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT Washing	gton MD
10	Hagerstown	Avalon Manor	Nursing Home	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IFE) 17b, KIND OF BUSINESS OR INDUSTRY
130. N	Maryland Was	or other institution, give residence befo JNTY 131 CITY OR TOV Shington Hagers	town YES NO E	30 Glenside Av	enue
0	FATHER'S NAME FIRST James WAS DECEASED EVER IN U.S. A	B. Newcon		MIDDLE	Gower
	(YES NO OR UNKNOWN) (IF YES, C	RMED FORCES? W.I 166 SOCIAL SEC 214-09-		Newcomer, Hage	erstown, Md.
njury, or other troumotic ev	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	Man's Congex	THUE HOUNG THE	VEN WPART 110
2 CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\cap \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Hem 21 is mo	220.1 certify that (I) (this has	n 19_10t1 view the body ofter death.	and that in (my) (our) opinion	death occurred on the date and hou	
Maria Maria	22d. PHYSICIAN'S NAME (TYPE	CAPINI)	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5/12/P
NA 730.	BURIAL, CREMATION, REMOVA	1 23b. DATE 23c.	1933 V	23d LOCATION STATE	enstatore, 42

DHMH - 16 50M 1/B1 (VRA 15, 4)

burial

BP.

May 18,1982 Rest Haven Cemetery Hagerstown, Wash., Maryland
CH FUNERAL POR 1860 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S IGNATURE 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME E. Wilson Blvd., Hagerstown, Maryland 21740

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FOR - STATE

STATE OF MARYLAND

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		REGISTRAR				Callin	ICAIL OF DEATH		REG. NO	D.		
		CEASED NAME	FIRST		AIDDLE		AST	2	a. DATE OF DEATH		DAY YEAR /	2b HOUR
			Adrian	Al	fred		NOLAND		May 4, 1	1982	15 - 12	M
4	3. SEX			4. RACE		5 DATE C		6.	AGE (IN YEARS LAST BIRT	(PAY)	MONTHS DAYS	IF UNDER 24 HRS
		male		white		Sept	70 7070		71	YRS		, Mary
11	Ta. BI	COUNTRY) Wes	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D WEVER MARRIED	9.	BALTIMORE CITY O	_	Y OF DEATH	
9	V	/irginia		USA		WIDOWE	D DIVORCED		Washing			MD.
9	10 CI	ITY OR TOWN O	FDEATH	11. NAME OF H (IF NOT IN SUCI	OSPITAL, NURSING H FACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION		TYPE OF WORK FOR MOST OF			OF BUSINESS OR
1		agerstow			gton Cou		Hospital	þ	hotograph	er		
1		ALTRESIDENCE III	13b COUN	VĪY.	GIVE RESIDENCE BEFORE . 13c. CITY OR TOWN	4	13d INSIDECITY LIMITS	5? 13	e. STREET ADDRESS			
9	_	aryland	Was	hington	Hagers	town	YES NO		21 Clinton	Ave	enue	
~	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN		WIDDLE		LA!	ST
U		Oss			Noland		Berth	na			Allam	ong
		VAS DECEASED I		MED FORCES?	16b. SOCIAL SECUR		17 INFORMANT	. 1	ADDRE		λ /1	1
	No	0			577-01-9	562	Helen Nolai	na,	Hagersto	wn,	Marylan	.a
		18 CAUSE OF E	DEATH (Enter or TH WAS CAUSE	ly one couse per	line for (o), (b), and							MATE INTERVAL ONSET AND DEATH
		A A		E CAUSE (o)	Acute 1	hyo ca	rdial infarc	ctic	n		1 h	た 。
		410	0	DUE TO, OF	AS A CONSEQUE	NCE OF						
		Conditions, if gove rise to		(b)	ASHD	200					yea	rs
'n		couse (o),		DUE TO, OR	AS A CONSEQUE	NCE OF					4	
				(c)								
	z				NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	ERMIN	al disease or cont	DITION GI	IVEN IN PART 1	01
	CERTIFICATION	Dia 190 DATE OF OF	betes M	CALC. D. D. DODG	TION FOR WHICH	OBERATIO	N WAS PERFORMED	-	20a AUTOPSY?	Tonk IE VI	ES, WERE FINDI	NCC HOED
1	FIC/	THE DATE OF OR	ERATION	170 CONDI	HOW FOR WHICH	SPERATIO	N WAS PERFORMED			IN CERT	IFYING CAUSES	OF DEATH?
7	ERTI	21g. ACCIDENT WA	AS UNDERLYING	21b. TIME OF	FINIURY		21c HOW INJURY OCC	CHIPDED	YES NO X		ES .	NO 🗌
1		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.A	A. MONTH DA		THE HOW MISORY OCC	CORRED	(ENIER NATURE OF INJUR	IT IN HEM 18	PART LOR PART 2)	
	MEDICAL	21d. INJURY OC	CURRED	21e PLACE C		19	211 LOCATION				-	
	ME		OT WHILE		EET, FACTORY, OFFICE, FA	RM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
				tol) ottended the	decensed from	Fe	6 10 6	3	. Presen	t	10	About 11s formable 1
		41 1	1 1	Tour C		00	nd that in (my) (opini	nion dea	oth occurred on the do	te and ha		that (1) (me) last
		22b. SIGNATUR	ro) (did) (did no E	t) view the body	ofter death.		DEGREE				22c. DATE	
		1/4	world.	RIUL	un of	A	ATTENDING PHYSICIAN	GN	MEDICAL STAF	F	5/5	/82
		22d. PHYSICIAN	'S NAME (TYPE C	PRINT)	ID TO	4 - t.	Jze. ADDRESS M.D.		THISIC		1 3/3	702
		138	E. Ant	ietam S.	ed R. Trê	icn,	17., M.V.	ages	rstown. MD	21:	740	
	23a. B	BURIAL, CREMAT					EMETERY OR CREMATOR		23d. LOCATION			
	bi	urial		May 7.	1982 Ro	se Hi	11 Cemetery	7	Hagersto	own.	Wash.	Marvland

Rose Hill Cemetery

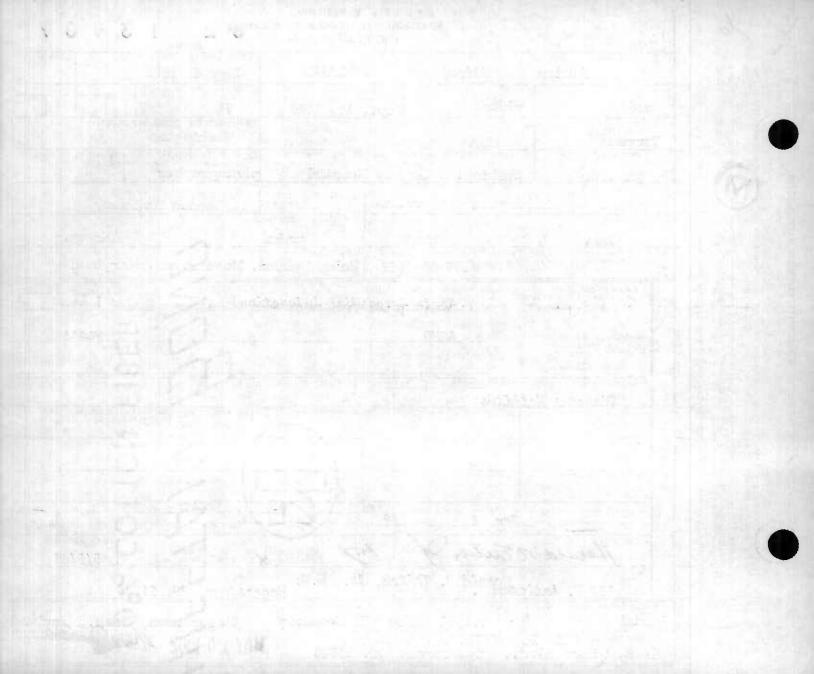
DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial transit permit. Then plean with the State Dept. of Health and Mental Hygiene prior to burial. IMPORTANT: If them 21 is morked or them 18 shows any injury,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

burial May 7,1982 Rose Hill Ceme
May 7,1982 Rose Hill Ceme
HUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

Hagerstown, Wash., Maryland



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT Helen NORMAN Trene May 8, 1982 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX IF LINDER 24 HRS June 27, 1905 female white 76 BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington Pennsylvania U.S.A. WIDOWED B. CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Washington County Hospital INDUSTRY Hagerstown Maryland 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Washington 101 North Colonial Drive Hagerstown 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Kauffman Jennie Fisher ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 214-09-9438 Mrs. Phyllis Horine, Boonsboro, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I, DEATH WAS CAUSED BY Comsotive IMMEDIATE CAUSE ID gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

COUNTY

22b. SIGNATURE

NOT WHILE

JOHN H, HORNBAKER

E. FIRST ST GETRS TO WW

and that in (my) (but) apinion death accurred on the date and hour and from the causes stated

5-10-82

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial

23c. NAME OF CEMETERY OR CREMATORY

PHYSICIAN DIRECTOR PHYSICIAN

May 12, 1982 Rose Hill Cemetery 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Maryland 21740

220.1 certify that (1) (this hospital) attended the deceased fram_ saw the deceased alive an abave, (1) (Ma) (ad) (did not) view the bady after death

> 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIN STUR 121982 Crancas

Hagerstown, Wash, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	fre -		EASED

STATE OF MARYLAND

		REGISTRAR				CERTII	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH		YEAR	2b. HOUR
	(TYPE	OR PRINT)	Tho	nas	Walter	P	ARKS	May 26, 1	982		
	3. SEX	,		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR			M
¥	ma	_		whit		MONTH	DAY YEAR			UNDER I YEAR	HOURS MIN.
100						Oct.	21, 1927	54	YRS.		
1		RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF WHAT COUNTRY?		B AAADDIE	NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
4	Ma	ryland	1	USA		WIDOWE		Washing	gton		MD
6	10 CI	TY OR TOWN OF DE	ATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
7	Ha	gerstown	35.0	Washir	ch facility, give street a gton Cou	ntv I	Hospital	Register of	F WORKING LIFE)	Wasi	h.Co.Go
1	Usu	AL RESIDENCE OF NUE		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR			1	TOBIDUOT O	1,1110	11 traba	11.001.00
AL.		TATE	13b COUN		13c. CITY OR TOWN	V	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 312 Co	ffman	A ***	
1		ryland THER'S NAME	Wasi	ington	Hagersto	JWII	YES NO		msm.	Avenu	ie.
100	14 FA	FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	WE		LAS	ST.
4		Joseph		Albert	Parks		Harriet			Lon	g
		(AS DECEASED EVEL (ES. NO OR UNKNOWN)			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	Ye	S	1945-	1946	216-22-92	87	Patricia Par	ks, Hagers	town,	Maryla	and
		18 CAUSE OF DEA	TH (Enter on	y one couse pe	r line for (a), (b), and	ici.		1		APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH \		D BY: E CAUSE (6)!	Cardio:	out	nonaru a	rrest		1314 111	
		11111	A		R AS A CONSEQUE						
		Conditions, if any	which	OUE TO, C	S A CONSEQUE		shock				
		gove rise to immediate									
		underlying cous	9	DUE TO, O	AS A CONSEQUE	1	ic				
		DARKS OTHER CIO	LUEIC LUZ	(c)_1	Polyalia		is nodos				
	z	PART Z. OTHER SIG	NIFICANIC	ONDITIONS C	ON IRBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	2,
_	일	Conges		heart	tailure		neumonia	,			
1	0	19a DATE OF OPERA	MON	196 COND	ITION FOR WHICH	DIERANO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
-	CERTIFICATION							YES NO	YES		NO 🗌
1		210 ACCIDENT WAS UN		21b. TIME C	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T I OR PART 2)	
ľ	₹	OR CONTRIBUTING		101	.M.	19					
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY		211 LOCATION STREET				
	\$	WHILE NOT W	HILE DRK	(AT HOME, ST	REET, FACTORY, OFFICE FA	CITY OR TO	WN	COUNTY	STATE		
		220 certify that (Tr) this haroital attended the deceased from 12 19 81 to 5/2/6 19 82 that 40 (mollect									
		iaw. The definite of the body ofter death. 19 82 ond that in (may) (our) apinion death occurred on the date and hour and from the couses stated the body ofter death.									
The service of the se									22c. DATE S	SIGNED ,	
		1/100	0, 11	110000	Man Ti		ATTENDING _	MEDICAL STAF		1	2/100
		ME PHISICIAN'S N	ME CTYPE O	PRINT	von de		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN	1 3/4	26/02
	TO.	George	C. Nev	man, I	I, PhD. M.	D.	1825 Howell	Dd Ungo		MD	

DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any

should be detached for use as with the State Dept, at Health

May 28,1982 24 FUNERAL DIRECTO MINNICH FUNERAL HOME

23a. BURIAL, CREMATION, REMOVAL **b**นหาลไ

231. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

234 LOCATION
Hagerstown, Wash., Maryland REGISTRANS SIGNATURE

415 E. Wilson Blvd., Hagerstown, Md. 21740

23b. DATE

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	introduce of Ele-		

FOR - STATE

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STATE OF MARYLAND		ST	A	TE	OF	M	AR	L.	AN	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	REGISTRAR		CEKITIF	ICAIE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	MIODLE	7	AST L 1	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	KOSE	<u> </u>	401	NTON		5-1	2-86	3:05 AM
3. SE	× /	1. RACE	S. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BI	RTHOAY)	MONTHS DAYS	HOURS MIN
	TEMA/E	BlACK	12	-11-23	58	YRS.		
70. B	IRTHPLACE (STATE OR FOREIGN)	TO CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	DR COUNT	Y OF DEATH	
	VIRAINIA	USA	WIDOWE		WASHI	NgTo	NO	MD.
10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 		OR OTHER INSTITUTION	12a. USUAL OCCUPAT			F BUSINESS OR
H	49ERSTOWN	WASH. Co. 1	40SP.	A5501	NURSER	IDE	Ho	SPITAL
13a.	AL RESIDENCE (IF NURSING HOME OR OF STATE 13h COUN'	OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 131 CITY OR TOVE HINGION HAGERS	VIO .	13d. INSIDE CITY LIMITS	134 STREET ADDRESS	ANNE	55 Cour	et
14. F/	ATHER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAS	at .
	ClydE SA	CKSON DAVIS	SR	LUCY		1	HARPE	FR
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY	URITY NO.	17. INFORMANT	ADDR		14	41
	No	124-16	-0523	KOPERTEL	AUIS DR 20	7 Qu	SEN ANN	ies CT,
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), or	nd (c).)	10	,		BETWEEN	MATE INTERVAL ONSET AND DEATH
		ECAUSE (0) Cardio	puln	nonary H	rresT			
	1629	DUE TO, OR AS A CONSEOU	ENCE OF					
	Conditions, if any, which	(16) Bronce		nic Carc	inoma			
	couse (o), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	, + C	. 1			
18	underlying couse last.	(Congest	ive	Heart to	ailure			
7	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	1DITION GI	VEN IN PART 1	01
CERTIFICATION					1-4:30(2/11)	S. F. F.		
S	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEATH?
₩ .					YES NO		ES 🖺	№ □
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART (OR PART 2)	
EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
A O	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	AT WORK NOT WHILE		- / /		-1-			
	22a. I certify that (I) (this hospite		8741	30 1987	, to	,	, 19.82	that (I) (we) last
	naw the decembed alive on above (II) (did not	view the body after death.		nd that in (my) (aut) opinion	death accurred on the c	late and ho		
	22h SIGNATURE	1/1	-	DEGREE ATTENDING \	MEDICAL STA	AFF.	22c. DATE	
	THE PENSICIAN'S NAME IT IN CA	Juman	11	PHYSICIAN	DIRECTOR PHYSI		5-2	-0L
12.				22e. ADDRESS 1825	Howell Rd.	0.54		
	/ George Newma				1, Maryland	21/4(J	
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	ATE
DU	CIA SKEMOVAI	15-6-1782	ORES	L LAWN GARD	EN MOMORK	HY U	VASH.	YA
24 FI	uneraldirector Francia N Minnic				E REC'D. BY REGISTRAL	MASS. REGIS	TRAR'S SIGNAT	URE
Ge	A COLUMN TO PRINTER OF	11. 11. 601.000	, 1-10		AT 10 1982	Mas	ice phalon	de st. P

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physician

etained by the haspital ar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ca should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior ta burial, cremation, ar remaval. IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical 3627233 56 - W T 81 - AF N 2 1 1 2 2 1 1 2 3 A STATE OF THE PARTY OF THE PAR digital lateral and so which The Wild Street of the Land ment at the state of the state MAN AND MAN AND A PARTY OF THE Amenda until tot language FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)

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1.				STATE OF MARYLAND		
6	11	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	GIENE 8 2	3912
-		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	7 1 44
/ Ban		CEASED NAME FIRST E OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
THE WAR	_	Pear		Rider		82
Said .	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS
		Female	White	9 6 189		
DUC	/a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
0		rgan Co. WV	USA	WIDOWED DIVORCED	Washington	County MD.
ified	10. C	ITY OR TOWN OF DEATH	HE NOT IN SUCH FACILITY GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
2/		lagerstown		1016 Mulberry A	ve. Ext.	
155	13a.	STATE 136 COI			13e. STREET ADDRESS	
1			shingtoh Hage		11016 Mulberry	Ave. EXT.
u I	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
E 11		Carson	Bohre		Pritcl	nard
medico		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	CIVE WAR OR DAYES	0101	30593 Ed	dgewater Driv
		No	212-38-		White Elkhart	TN 46516
# ,#		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only ane cause per line for (a) (b), o	nd (c)	00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			TATE CAUSE (a) HYCLAN	clister Vasuela	u HIstare	- N-25
ofic		14409	DUE TO, OR AS A CONSEQU	VENCEOF V/ HY	7 \	
roun		Conditions, if any, which gove rise to immediate	((b) Olys	ance Helly 10	locare	
her t		cause (a), stating the	DUE TO, OR AS A CONSCOL	ENCE OF		
or oth		underlying couse lost.	(c)			
lury,	z	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 11a1
ony in	CERTIFICATION	190 DATE OF OPERATION	110h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES.	, WERE FINDINGS USED
ws ony	F	THE OF CLEANING		TO EN TO LEN OWNED	IN CERTIF)	YING CAUSES OF DEATH?
3	- 5	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO YES	
E /	42	OR CONTRIBUTING _ CAUSE OF E	DEATH HOUR A.M. MONTH	AY YEAR		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	211 LOCATION		
5	ME	WHILE I NOT WHILE I	(AT HOME STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK	to the second of the second of	5/19	2 5/19	10 82 that (I) (we) last
		sow the deceased olive of	spital) attended the deceased fram,	and that in (my) (a popinion	death accurred on the date and hour	, mai (i) (we) lasi
7		obave, (I) (w) (MH) (did in 22b. SIGNATURE	nat) view the bady after death.		death decorred an me date one hour	
±		11/01/	· · · · · ·	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
Ž-	1	MEMIN		PHYSICIAN [DIRECTOR PHYSICIAN	3/19/85
RTA		22d. PHYSICIAN'S NAME (TYPE	M M	22e ADDRESS	r 1111 A.	11
IMPORTANT		1 mary	- 1110ney 1	11/108 Ca	N HILL Y	rue mas.
_	23a.	BURIAL, CREMATION, REMOVA (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	STATE
_		Burial	5-21-82 F	Rest Haven Cemet		MD
80		UNERAL DIRECTOR	1601	Penn. Ave.	7. 4 1982	MARS SIGNATURE
	LE	est Haven Fu	meral Chapel"	Hag. MD MAY	6 4 1006	

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Clearspring Md.

FOR

(VRA 15, 4)

Thomoson

Home

Funeral

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

3	Z REG. N	10.	3	9	1	
ATE	OF DEATH	MONTH	DAY	YEAR	2h H	211

Locie Fig. Section Locie Sec		L	REGISTRAR			, , , , , , , , , , , , , , , , , , ,		ICATE OF D		8 2 _{REG.}	NO.	3 9	14	
S. SEX RACE S. DATE OF BRITH S. DATE OF BRI						MIDDLE						DAY YEAR	26 HOUR	-
male white November 25, 1894 87 yrs County of Death Pocoming Pominsylvania USA MARRIED November 25, 1894 87 yrs MARRIED NOVEMBER 25, 1894 887 yrs MARRIED NOVEMBER 25, 1894 18	1			Ira	Les	lie		ROCK		May 27,	1982			м
Movember 25, 1894 87 YRS MARRIED MOVEMBER 25, 1894 87 YRS MARRIED MOVEMBER 25, 1894 MARRIED MARRIE	1	3. SE	X		4 RACE					6. AGE (IN YEARS LAST	BIRTHDAY)			_
#8 BRITHER ACE (STATE DOUBLOW) Pennsylvania USA Washington MARRIED NORCED	1	ma	le		white	9			25.1894	87	VPC	MONTHS DATS	HOURS MIN.	
Pennsylvamia USA Woowes Dworced Washington Wa	1	₽o B	RTHPLACE (STATE OF	REOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8			9. BALTIMORE CITY		Y OF DEATH		-
10 CAUSE OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 12. WASHINGTON COUNTY 13. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. USUAL RESIDENCE (17 MARSHO-LOW OF OUR PROMOTOR WASHINGTON OF THE MASTER ADDRESS) 13. STREET ADDRESS 13. STREET A	5	700		a	USA	A				Washi	ngton			
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IMPORTANT: If He

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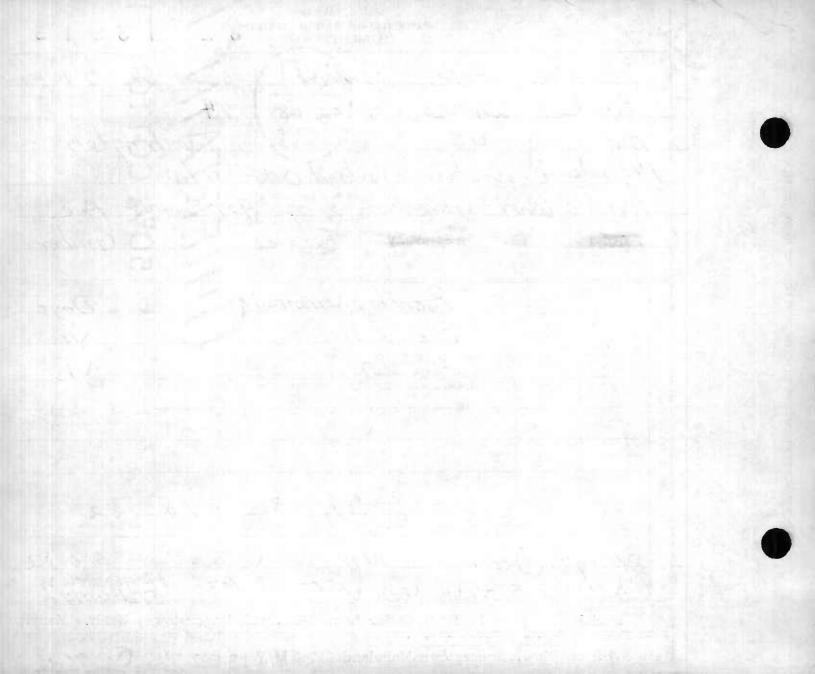
May 29, 1982 Brethren Ch.Cem.

UNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The state of the s LANCOLLE SEL L'ACCOUNT DE LA CONTRACTOR.

2					STATE OF MARYLAND		
0	(mm	1	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENES 2	3915
	(BAL	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 1 0
0	m =		ECEASED NAME FIRST	MIDDLE	CLAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ay b	poge	2.0	IVIAE	Belle.	Kowland	05-07-82	10: KODW
4 E	of ter	3. 51	× I	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oge	direct sours	700	IRTHPLACE ISTATE OR FOREIGN	whites	0/ 02 08	75 YRS	
毛	12 25 K	70. 0	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
deo	Of the fun	10.0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Washi.	ngton MD.
201 urs ofter	by the	1	Hagerstown	(IF NOTIN SUCH FAGILITY, GIVE STREET	Davland Cent	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
0 2 1 4 hou	d be	130	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO		13e STREET ADDRESS	, and the second
MARYLAND ed within 24	₹ (3 E) 1	1	Ind W	ash Hogen	TOWN YES NO 1	927 Summin	- Ave
with with	completely 1 and 2 sh	III. F	ATHER'S NAME	MIDDLE - LAST	15 MOTHER'S MAIDEN N.	MIDDLE	LAST /
	m 0 0 1		John	A. Conno	1 1 1 2 7 E		(miles
ALTIMORE,	Pages medica		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
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BAI	physician physician paper maval.		18 CAUSE OF DEATH (Enter of	nly one couse per line for 100 b), o	nd (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	oon b			TE CAUSE (o)	nchupneumon	18	Days
PRESTON ST	cording of a cordina of a cordi		14292	DUE TO, OR AS A CONSEQU	JENCE OF		
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W. *	by the		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEON	JENCE OF		
201 es tho	pleas priol.			(c) #3(1 /m
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DIVISION OF VITAL RECORDS,	been mit. T	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	S, WERE FINDINGS USED
e lo	hos per y	IFIC			TO EMITION THAT EM OWNED	IN CERT	IFYING CAUSES OF DEATH?
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OF V	certifica certifica prial-trai tental Hy Item 18		OR CONTRIBUTING CAUSE OF DE		AT TEAR	TENER INFORE OF INJOR'S IN THE MILE	PART ORPART 2)
SION	ding buris Mer Ar He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
VISI G P	offer that as the orked orked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
<u>a</u> <u>z</u>	ar aftr se as solth mar			tal) attended the deceased from	5/5/ 10 8	105/1	, 1982, that (I) (we) lost
ATTEN	RECTOR hed for u ept. of Hi tem 21 is		sow the deceased alive on	8 / 0	and that in (my) (our) opinion	death occurred on the date and ho	
OR A	hos ihed ept.		77£ ŞIĞMATURE	I view the body offer deoth.	DEGREE		22c. DATE SIGNED
A.	ERAL DI	-	Krugs	Allin	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/2/82
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9	should be with the S		KYUNG	S. KIM. L	10 1500 Pa	Ave.	gersowy
5	5 ₹ ₹ ₹	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	141.140
E	BP		burial	May 10,1982	Cedar Lawn Mem.P	ark Hagerstown,	Wash., Marylan
	H - 16 50M 1/81	24 F	UNERAL DIRECTOR M INN	ICH FUNERAL	HOME 250. DA	TE REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	(VRA 15, 4)	4	15 E.Wilson Blv	d., Hagerstown.	Maryland 21740 MA	Y 1 3 1082 -1	O on.
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A.K. Coffman Funeral Home. Inc. Hagerstown, Md.

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

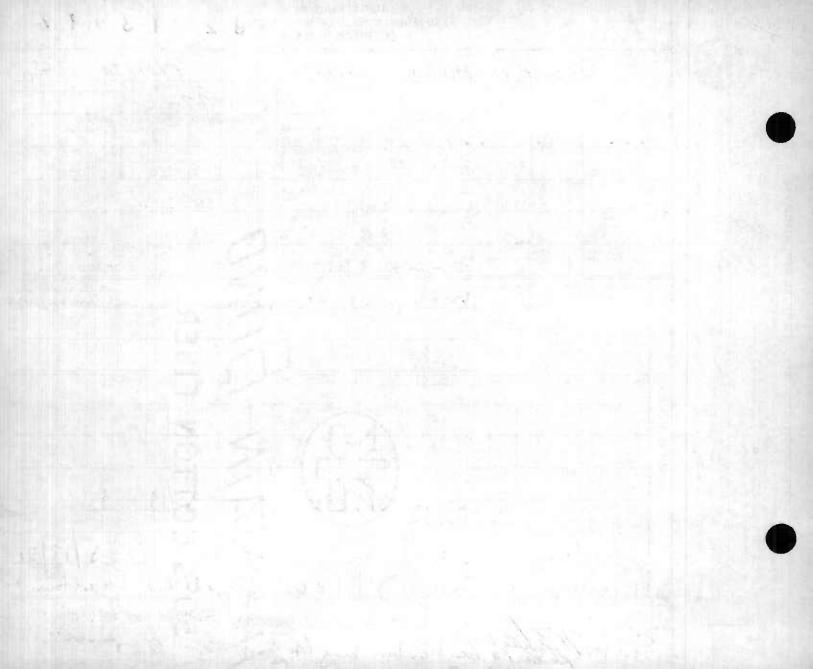
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Helen May 13, 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Washington County 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) 13. SIREET ADDRESS 1104 Oak Hill Avenue Smith Box 242 Hagerstown Md. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (my) (aut) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 1825 Howell Rd. Hagerstown, MD.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	0 /		
1. DECEASED NAME	FIRST	WIDDIE	LAST	28 DATE OF DEATH MONTH	DAY YEAR	2b. HOU	IR
(THE OK PRINT)	Helen	Manzella	SEMLER	May 26, 1982		1 - 1	
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
female		white	Nov. 5, 1905	76 _{YRS.}	MONTHS DAYS	HOURS	MIN.
Marylan	ate or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Washington	OF DEATH		M
Hagerstow		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Washington Cou		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII	126 KIND (INDUSTRY Meat		
USUAL RESIDENCE II	IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMICEIONI				

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3. SEX		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER	RIYEAR	IF UNDER	
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Hagerstown		Washin	HOSPITAL, NURSIN HEACILITY, GIVE STREET A LIGTON COU	inty	or other Hosp		120 USUAL OCCUPAT		IFE) IND	USTRY	Mar Mar	
Maryland	13b COU		13c. CITY OR TOWN Smiths	N	13d INS	IDE CITY LIMITS?	13e STREET ADDRESS	ıte 2				
14. FATHER'S NAME FIRST Walter		WIDDLE	Knodle			HER'S MAIDEN NA	AME \mathbf{R} .		3	Mo	ser	
160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		RMED FORCES?	16b SOCIAL SECU	RITY NO.		rmant lrey Kno	dle, Hagers		Mai	ryla	nd	
18. CAUSE OF DEA PART I. DEATH	WASCAUS		My 0 0	2621	lial	Info	retion		BE	ETWEEN	MATE INTE	DDEATH
Canditians, if ar gave rise to it cause (a), sta underlying cau	mmediate ting the	(b)	R AS A CONSEQUE	216	Se	heretro	haut d	17en		y-	9021	
No S	Icho	fur ->	ontributing to c	LUI BUT	NOT REL	ATED TO THE TER!	MINAL DISEASE OR CON	IDITION GI	VEN IN P	ART 1(c) ·	
190. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WASP	ERFORMED	200 AUTOPSY?	20b. IF YE IN CERTI	S, WERE	FINDIN	OF DEA	D TH?

ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

CITY OR TOWN

COUNTY STATE

22a I certify that (I) (this haspital) attended the deceased fra saw the deceased alive an 5/26 above, (I) (we) (did) (did nat) view the body after death

DEGREE

ATTENDING PHYSICIAN 22e ADDRESE

MEDICAL STAFF DIRECTOR PHYSICIAN

NO

22c. DATE SIGNED

NOT WHILE

236. BURIAL, CREMATION, REMOVAL burial

21d. INJURY OCCURRED

CERTIFIC

MEDICAL

8

marked ar Item

MPORTANT: IF

May 29, 1982

231. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

Hagerstown, Wash., Maryland

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

5 5 8 2 1 3

1 - STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

1 month

NO T

STATE

COUNTY

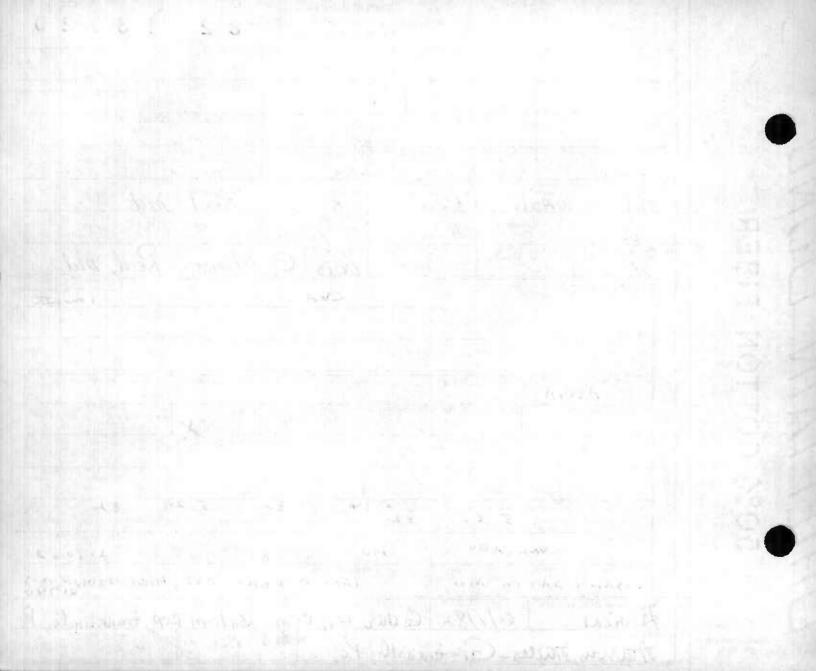
22c. DATE SIGNED

5.30.5-2

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY



	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND TEALTH AND MENTAL HYO TICATE OF DEATH	GIENE 8 2 REG. NO.	1 3	21
oy be		CEASED NAME FIRST	Leroy 4. RACE	S. DATE O	hank	20. DATE OF DEATH) MC	DNTH DAY YE.	26 HOUR 4130 M
rector.	_N	ale	White	Aug	DAY YEAR	88	YRS.	DAYS HOURS MIN
Percel di	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COU	JNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR O		TH MD.
s ofter de by the fun- iled within	10 C	agers town		NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Farming	126. KIT	IND OF BUSINESS OR
filled in tourled in the filled in the fille	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS RFD-1		
ompletely and 2 sh		THER'S NAME	MIDDLE	nk	15. MOTHER'S MAIDEN NA Bessie	ME MIDDLE A	Rone	∋ y
icion ond cores. Poges 1	1	VAS DECEASED EVER IN U.S. ARI (15, NO OR UNKNOWN) (15 YES, GIV	E WAR OR DATES)	al security NO. - 36-0566	Mr. Bill	Kelley RFI		arsprinG
is that the death certificated by the ottending physic please remove carbon papering, or removal, cremotion, or comover, or other troumotic event, t		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CO	Walter (To Covenon Conjustive H	Verse fle East Faile Internal	va /	PPROXIMATE INTERVAL WEEN ONSE! AND DEATH U Years Gays 5 days
The low require cion. Le hos been sign sit permit. Then giene prior to bu shows ony injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF	19h CONDITION FOR	mong	N WAS PERFORMED	YES NO	Ob. IF YES, WERE FI N CERTIFYING CAU YES	INDINGS USED USES OF DEATH?
G PHYSICIAN: ottending physic ter this certificol s the buriol-fron n and Mentol Hy rked or frem 18:	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	TH HOUR A.M. MON	19	21f LOCATION STREET	RED (ENTER NATURE OF INJURY II	. 8	
R ATTENDIN hospitol or RECTOR: Af ned for use o ppt. of Heoliti tem 21 is mo		22a. I certify that (1) (this hospit sow the deceased slive on above 1) we had add not 22b. SIGN			nd that is my (our) opinion	death occurred on the daye		m the causes stated DATE SIGNED
TO HOSPITAL OR retoined by the hor TO FUNERAL DIRE should be detoched with the Stote Dept.		224 PHYSICIANS NAME IVACO	Bull	71	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIA	(1)//	124/8's
BP		Burial MERAL DIRECTOR	23b. DATE May 25, 82		EMETERY OR CREMATORY H111	23d. LOCATION CITY OR TOWN Clearspri	COUNTY TO A TO S TO RESIDENCE SECOND	
DHMH-16 30M 2/80 (VRA 15, 4)		ompson Fugers	I Home of	earspri	ng Md.	1307	C.	

Market St. 140 St. Valley College St. Coll AND PROPERTY AND LOSS OF THE PARTY AND ADDRESS by an investment of the second of the second FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO			,	day Co	
1 DECEASED NAME (TYPE OR PRINT)	Nannie		indley	SL	AYMAN		26, 1		DAY	YEAR	2b HOU	R
3. SEX femal e		white		5 DATE C			YEARS LAST BIR	HDAY)	# UNDE	BAYS	IF UNDER	24 HRS MIN.
70 BIRTHPLACE (STATE COUNTRY) Maryland 10 CITY OR TOWN OF		USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	M	ore city o Vashin	gton				MD
Hagerstow	m	Wash	ington Co	ounty	Hospital	TYPE OF WO	L OCCUPATION FOR MOST O				OF BUSINE	SSOR
USUAL RESIDENCE (# 130 STATE Maryland	136 COUNTY	1	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Hagerst	N	13d. INSIDE CITY LIMITS?		T ADDRESS Route	6				
14 FATHER'S NAME FIRST John		PDLE	Kendle		Ida Is mother's maiden na	ME	WIDDLE		5	Cr	illey	
160 WAS DECEASED E (YES NOOR UNKNOWN NO			217-10-3		George K	. Slay	man,	Rt.4.	Box	z 24 sbu	3, rg. 1	Md.
18 CAUSE OF D PART I. DEAT	EATH Enter only TH WAS CAUSED I	BY:	line for (o), (b), one		Septiani				E	APPROXI	MATE INTER	VAL DEATH
Conditions, if gove rise to couse (o), s underlying co	ony, which immediate itating the	DUE TO, O	r as a conseque	NCE OF	minay The	ut 2.	peti			(طم	
PART 2 OTHER			ENTRIBUTING TO D		NOT RELATED TO THE TERM	AIN AL DISEA	SE OR CON	OITION GIV	ENINI	PART Ito	0	
THE CALL OF OP 130 DATE OF OP 210. ACCIDENT WA	ERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	NO [20b. IF YES IN CERTIF YE	YING O	FINDIN	OF DEAT	H?
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER I	NATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR	PART 2)		
21d INJURY OCC		21e PLACE	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN	co	YTAUC	5	TATE

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 5.26.
obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

DEGREE MM

82

12-7

ATTENDING, PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22c DATE SIGNED

19 52, that (I) (we) lost

22d. PHYSICIAN'S NAME (TYPE OF PRINT) CM HTTAL TWAZAV

23c. NAME OF CEMETERY OR CREMATORY

1600 DAK HILL AVE KALERSTOWN MOZITY.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

23d. LOCATION

230. BURIAL, CREMATION, REMOVAL burial

DHMH - 16 50M 1/B1 (VRA 15, 4)

and Mental Hygiene

of Heolth

should be detoched

MPORTANT: If Item 21 is

May 29,1982 Rest Haven Cemetery MINNICH FUNERAL HOME

Hagerstown, Wash, Maryland

415 E. Wilson Blvd., Hagerstown, Md. 21740

12004

. 6 - AA-76-4 No. 12-5-16-Blysoft on court of a vote one 12 Y 5 DE 14 7

death. Page 4 may be

executed within 24 hour

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENB 2	1	3	9	2	
	KEG.	NO.				
LAST	2n DATE OF DEATH	MONTH	OAY	YEAR	2h L	10

REGISTRAR			CEKITI	TICATE OF DEATH	REG. NO	o. '		
1 DECEASED NAME	FIRST	WIOOFE		LAST	20. DATE OF DEATH	MONTH O	AY YEAR	2b HOUR
I I	rancis	Eugene		SMITH	May	19, 19	82	A
3 SEX male		white		e 16, 1932	6 AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER 24 HRS HOURS MIN.
Maryland Maryland	U	S.A	MARRIE WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE CITY O Washi:		OF DEATH	MI
Hagerstown	wash	ington Cou	nty	OR OTHER INSTITUTION Hospital	(TYPE OF WORK FOR MOST O			obile
Md.	NG HOME OR OTHER INSTITUTION 136 COUNTY Wash.	13. CITY OR TOWN Smiths bu	1	YES NOX		. Box	113	
14. FATHER'S NAME FIRST Silas	MIDDLE M.	Smith		Minnie	WIDDIE		Wol	fe
160. WAS DECEASED EVER (YES, NO OR UNKNOWN) YES	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR OATES) KOTEA WAT	217-28-6		Mrs. Mildred	ADDRE		sburg,	Md.
18 CAUSE OF DEATH	H (Enter only one couse p	er line for (a), (b), and					APPROXI BETWEEN C	MATE INTERVAL
	which lediste g the lost (c)_ USE CANT CONDITIONS (OR AS A CONSEQUEN OR AS A CONSEQUEN CONTRIBUTING TO DI DITION FOR WHICH C	NCE OF	Carlingne of	inal disease or conf			
190 DATE OF OPERAT	198. CON	DITION FOR WHICH C	DPERATIO	IN WAS PERFORMED	YES NO	IN CERTIFY YES	WERE FINDIN	OF DEATH?
OR CONTRIBUTING CO	AUSE OF DEATH AL EXAMINER) ED 21e. PLAC (AT HOME. S	OF INJURY A.M. MONTH DAY P.M. E OF INJURY treet, factory, office fai	19	216 HOW INJURY OCCURR 216 LOCATION STREET	ED (ENTER NATURE OF INJUR		COUNTY	STATE
22a certify that (I)	(this hospital) attended	(9, 19 8	2,01	2.3. 19 S/l nd that in (my) (our) opinion d DEGREE ATTENDING	MEDICAL STAF	ate and hour	22¢ DATE	
22d. PHYSICIAN'S NA		٧.٥.		PHYSICIAN A 220 ADDRESS 1600 OAK HI	LC AVE, HA			MO
23a. BURIAL, CREMATION, F		7-CHAPT-1	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		wash.	MATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at any

Funeral Home

Smithsburg, Md.

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	16, 1912	m t aditiv		#£250
mos nimbeli	\\	Act.		hast esse
Monte refeel	ies ignor	Wheel moters	inai	merston
E.U. 205	1 ×	ammar/stall	denv	17.BL
silo	of mate	HOLES		tilar
. Algebraicht willis .	peroli inte	217-26-6560	ra Sera	257

	STATE OF MAR
FOR	DED ADTHENT OF HEALTH AL

YLAND

1 - STATE REGISTRAR			DEPARIM		ICATE OF DEATH	REG. N	0.	3	2 4
DECEASED NAME	Marg	guerite	Eleanor		SMITH	May 24,	1982	Y YEAR	26 HOUR
I.SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
female		whit	te	Aug	ust 30, 1901	80	YRS	DAYS DAYS	HOURS MIN.
Maryland	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	MD
II. CITY OR TOWN OF Hagerstown	า	Washi	ngton Cou	inty	DR OTHER INSTITUTION Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF housewife	F WORKING LIFE)		F BUSINESS OR
USUAL RESIDENCE (IF N 130 STATE Maryland	136 COL		13c. CITY OR TOW	N	134: INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1580 Jef	ferson	Blvd	
James		MIDDLE	Bohn		15. MOTHER'S MAIDEN NA. FIRST Ursula	WIDDLE		Gross	nickle
60. WAS DECEASED EV NO	VER IN U.S. A	RMED FORCES?	213-10-68		Mr. Claud	e D. Smith		rstown	n, Md.
18 CAUSE OF DE PART I. DE ATE	H WAS CAUS		er line for (a), (b), and	liesi .	seys	tole		MIWEN 3	HATE HITERYAL SHOET AND DEATH
4140 Conditions, if c		DUE 10. (OR AS PEONSEQUE	NCE OF	Mero	relen		u	16
gave rise to cause (a), st underlying ca	ating the	DUE TO, O	Sifere	att	Turn, gr	muly		Cer	V
PART 2 OTHER S	IGNIFICANT	CONDITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DINON GIVE	PART NO	,
190. DATE OF OPE		196. CON	DITION FOR WHICH	OPÉRATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
210. ACCIDENT WAS	UNDERLYING	216. TIME	OF INJURY	V VEAD	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

214 INJURY OCCURRED

P.M.

21e. PLACE OF INJURY

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

211 LOCATION STREET

CITY OR TOWN

and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

COUNTY

STATE

saw the deceased alive an, abave, (1) (wes (did) (did not) view the bady after death 226 SIGNA

burial

24 FUNERAL DIRECTOR

MEDICAL

226. PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE

ATTENDING

MEDICAL DIRECTOR | PHYSICIAN [

221 DATE SIGNED

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

should be detached with the State Dept.

MPORTANT.

prior

nd Mental Hygiene

00

or Item

per

230 BURIAL, CREMATION, REMOVAL 23b. DATE

220.1 certify that (I) (this haspital) attended the deceased from

May 28,1982

MINNICH FUNERAL HOME

231 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

22e ADDRES

Hagerstown, Wash, Maryland

415 E. Wilson Blvd., Hagerstown, Maryland 21740

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2		3 9	25
		CEASED NAME FIR	ST T	MIDDLE	L	AST	20 DATE OF DEATH		AY YEAR	26 HOUR
	(TYPE	Geo	rge	Reichard	SN	YDER	May	7, 198	2	
8 2	3 SE		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
		male	whi	te	June	12, 1892 EAR	8	9 VPS	ONTHS DAYS	HOURS MIN
21		RTHPLACE (STATE OR FOREIG	N 76 CITIZEN C	F WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
2		Maryland	I	J.S.A.	WIDOWE		Wa	shingto	on	M
0		TY OR TOWN OF DEATH Hagerstown	(IF NOT IN	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET ton Villa		R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST brakeman		12b. KIND C INDUSTRY	F BUSINESS OF
5	USU/ 13a S	AL RESIDENCE (IF NURSING HOTATE		ON, GIVE RESIDENCE BEFOR	/N	13d. Inside City Limits? Yes 🔀 NO 🗌	13. STREET ADDRESS 7 E. Was	Alex	ander	House
11	14 FA	John THER'S NAME	L.	Snyder		15. MOTHER'S MAIDEN NA/ Elizabeth	WE		Gree	en e
	16a V	AS DECEASED EVER IN U.	S. ARMED FORCES		JRITY NO.	17. INFORMANT	ADD	RESS		
j L		no or unknown) (IF)	ES, ONE WAR OR DATES	219-05-	-2701	Mr. Francis	E. Snyder	, Hage	erstown	a, Md.
		18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)		Ce	netarteri	Printet	5		IMATE INTERVAL ONSET AND DEATH
	ION	gove rise to immedia cause (a), stating to underlying cause to PART 2 OTHER SIGNIFIC	DUE TO,	OR AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART I	0
G	CERTIFICATION	190 DATE OF OPERATION	19b COP	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
9	MEDICAL CER	2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT I OR PART 2)	
1	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	LATHOME	CE OF INJURY STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		22a. I certify that (I) (this saw the deceased all abave, (I) (we) (did) (c				d that in (my) (aur) apinian a	death accurred on the c	date and hour		that (I) (we) last causes stated
	3	22b SIGNATURE	vant	THE RESERVE OF THE PARTY OF THE	M	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN [22c. DATE	SIGNED
1		VASANT D	ATTA,	uo.		120. ADDRESS	HILL AVE	HAC	ERSTO	WN, MD
	(urial, cremation, remo burial	May	11,1982	Rose 1	Hill Cemetery	23d LOCATION CITY OF TOWN Hagersto			
	24 FL	NERAL DIRECTOR MIN				2 MAY	REC'S BY GESTRAT	ALLES	Alva signifi	arther
	41	5 E.Wilson B	lvd.,Hag	erstown,	Maryla	and 21740	10 1002 2	4	0	

STATE OF MARYLAND

Market British All Land to Larry St. And Land Land FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FG NO 1 3 9 2

	CEASED NAME							RE					
(ITTE	OR PRINT)	FIRST	MIDE	DLE	LAST			20. DATE OF DEAT	H MONTH	DAY	YEAR	26 HOL	R
	OKPRINI)	Hilda	Levin	nia S	tarlipe	r		May 30	, 1982	2		2:1	5 am
3 SEX	X		RACE		5. DATE OF BI	IRTH	VEAR	6 AGE (IN YEARS LA	T BIRTHDAY)	MONTHS	ER I YEAR	IF UNDER	24 HRS
_	Female		White		Feb.	1,	1903	79	YR		DATS	HOURS	Mure.
	RTHPLACE (STATE OR DUNTRY)	FOREIGN 71	CITIZEN OF WH	AT COUNTRY?	MARRIED C	NEVER	MARRIED	9. BALTIMORE CI	TY OR COU	NTY OF D	EATH		
	Pennsylva	nia	U.S.A.		WIDOWED	7	NORCED [Washing	ton Co	unty			MD
4	TY OR TOWN OF DE Hagerstown		1. NAME OF HOS (IF NOT IN SUCH FA Colton	SPITAL, NURSING	DDRESS)			120 USUAL OCCU (TYPE OF WORK FOR M Practics	OST OF WORKIN	GLIFE) IN	KIND O DUSTRY	F BUSINE	SS OR
13a. S	al residence (if noi State Maryland	1136 COUNT	Y 13	colly or town	1 13d.	I. INSIDE C	NO 🖺	13e STREET ADOR		ox 38	9		
14 FA	Raleigh	M.	DOLE	avis	15		S MAIDEN NAM FIRST rah	MIDE			adhi	11	
	VAS DECEASED EVE		VAR OR DATES)	SOCIAL SECUI		INFORMA	ANT	A	Route	# 1	В	ox 3	89
	No		- 2	219-14-8	318 A	llber	t W. St	arliper	Clear			-	2
	gove rise to in couse (a), state	nmediate ing the	DUE TO, OR A	S A CONSEQUE	NCE OF	87			Tes				
IFICATION	gove rise to in	nmediate the se last. GNIFICANT CO	ONDITIONS CONT	TRIBUTING TO D	EATH BUT NO			200 AUTOPSY?	20b. IF IN CEI	YES, WER	E FINDIN	NGS USEI	H?
AL CERTIFICATION	gove rise to imcouse +0+, statunderlying couse	mediate ing the se lost. SNIFICANT COLORS ATION NDERLYING [] CAUSE OF DEATI	DINDITIONS CONTINUE OF IN	TRIBUTING TO D	EATH BUT NOT DPERATION W	AS PERFC	DRMED		20b. IF IN CEI	YES, WER RTIFYING YES [E FINDIN CAUSES	NGS USE	H?
MEDICAL CERTIFICATION	gove rise to im couse 101, stot underlying couse 101, stot underlying couse PART 2. OTHER SIGNATURE OF OPER. 21a. ACCIDENT WAS UIT OR CONTRIBUTING CIPETHER, NOTIFY MED 21d INJURY OCCUI	mediate ing the see lost. SNIFICANT COLORS ATION MDERLYING CAUSE OF DEATH ICALEXAMINER)	DNDITIONS CONTROL 196 CONDITION 216 TIME OF IT HOUR A.M. P.M. 216 PLACE OF	TRIBUTING TO D FOR WHICH NJURY MONTH DA	PPERATION W Y YEAR 19	AS PERFC	DRMED	200 AUTOPSY? YES NO	20b. IF IN CEI	YES, WER RTIFYING YES []	E FINDIN CAUSES	NGS USEI OF DEAT	H?
-	gove rise to im couse 101, stot underlying cous PART 2. OTHER SIC 190 DATE OF OPER 210. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCUI WHILE NOT AT WORK AT WORK 220.1 certify that (saw the decep	mediate ing the see lost. BNIFICANT CO ATION MDERLYING CAUSE OF DEATH ICALEXAMINER) RRED WHILE VORK I) (this hospitocosed alive on idid) (did not)	DNDITIONS CON: 196 CONDITIO 216 TIME OF IT HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET,	NJURY MONTH DA INJURY FACTORY, OFFICE, FA ecceosed from 19 er death.	DPERATION W Y YEAR 19 211 RRM, ETC.) 211	LOCATING STREET	DRMED NJURY OCCURR ON	200 AUTOPSY? YES NO	20b. IF IN CEI	YES, WER RTIFYING YES 1018, PART 1 011 CO	E FINDINC AUSES R PART 2) UNITY	NGS USEI OF DEAT NO [ATE we) last
-	gove rise to im couse 101, statunderlying cous PART 2. OTHER SIG 190 DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING (FETHER, NOTIFY MED 21d INJURY OCCUI WHILE NOT AT WOR AT W 220.1 certify that (saw the deceopood.)	mediate ing the see lost. BNIFICANT CO ATION MDERLYING CAUSE OF DEATH ICALEXAMINER) RRED WHILE VORK I) (this hospitocosed alive on idid) (did not)	DNDITIONS CON: 196 CONDITIO 216 TIME OF IT HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET,	NJURY MONTH DA INJURY FACTORY, OFFICE, FA ecceosed from 19 er death.	DPERATION W Y YEAR 19 211 RRM, ETC.) 211	LOCATING STREET	ORMED NJURY OCCURR ON 19 (our) opinion of	200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF IN CEI	YES, WER RTIFYING YES 1018, PART 1 011 CO	E FINDINC AUSES R PART 2) UNITY	NGS USEI OF DEAT NO [ATE we) last
MEDICAL	gove rise to im couse 101, stot underlying cous PART 2. OTHER SIC 190 DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING (# ETHER, NOTIFY MED 21d INJURY OCCUI WHILE AT WORK AT WORK 220.1 certify that (ATION NOTERLYING (AUSE OF DEATH CALEXAMINER) RRED I) (Alexaminer) II) (this hospitolised olive on idid) (did not)	DNDITIONS CON: 196 CONDITIO 196 CONDITIO 196 CONDITIO 197 CONDITIO 198 CONDITIO	NJURY MONTH DA INJURY FACTORY, OFFICE, FA ecceosed from 19 er death.	PEATH BUT NOT OPERATION W Y YEAR 19 211 RM, ETC.) DEG	AS PERFO	ORMED NJURY OCCURR ON 1, 19 (our) opinion of the physician physician	200 AUTOPSY? YES NO ENTER NATURE OF	20b. IF IN CEI	YES, WERRIFYING YES 18, PART 1 OI	E FINDING CAUSES R PART 2) UNITY from the 2c. DATE	NGS USEI OF DEAN NO [sthat (I) (couses str	ATE we) last
WEDICAL 230. B	gove rise to im couse 101, stot underlying cous PART 2. OTHER SIC 190 DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING (# ETHER, NOTIFY MED 21d INJURY OCCUI WHILE AT WORK AT WORK 220.1 certify that (Mediate ing the ise lost. SNIFICANT CO STS C ATION NDERLYING (CALEXAMINER) RRED (CALEXAMINER) WHILE (CALEXAMINER) WHILE (CALEXAMINER) NORK (CALEXAMINER) NAME (TYPE OR IT	DNDITIONS CONTROL 196 CONDITION 216 TIME OF IT HOUR A.M. P.M. 216 PLACE OF (AT HOME, STREET, st) ottended the d	NJURY MONTH DA INJURY FACTORY, OFFICE, F, ecceosed from	PEATH BUT NOT OPERATION W Y YEAR 19 211 RM, ETC.) DEG	LOCATING STREET LOCATI	ON 19 ATTENDING PHYSICIAN SS ARE H	200 AUTOPSY? YES NO EED (ENTER NATURE OF	RIOWN STAFF	YES, WERRIFYING YES 18, PART 1 OI	E FINDING CAUSES R PART 2) UNITY from the	NGS USEI OF DEAN NO [sthat (I) (couses str	ATE we) last pted

DHMH - 16 50M 7/77 (VR A 15 (4))

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				31-7:00	21 - W	

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
		EASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	Nelson	La	ayman	ST	ERLING	May 24,	1982		M
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST		MONTHS DAYS	
	ma		white		May		61	YRS.	MONTHS DAYS	HOURS MIN
	To BIF	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
5	Ma	ryland	USA		WIDOWE		Washi	ington		MD.
0	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
7		gerstown	Wasl	hington C	County	y Hospital	electricia		LIFE) I IIVDOSTKI	
	13a. S	L RESIDENCE (IF NURSING HOME TATE 136 CO		13c. CITY OR TOW		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	5		
9	Ma	ryland Was	hington	Williams		YES NO X			Box 348	3
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LA	61
	Da	niel B. Sterlin	ng			Viola Sti				.51
	160 W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECL	JRITY NO.	17. INFORMANT	ADD	RESS		
	Ye	S W.	W.II	214-09-8	3779	Mrs. Dottie	M. Sterlin	ng, H	agersto	wn, Md.
		18 CAUSE OF DEATH (Enter	only one couse pe	r line for (o), (b), on	nd ICI.		1		APPRO	MATE INTERVAL
		PART I. DEATH WAS CAU	ATE CAUSE (o)	Card	Logie	mic Sho	ck	ALC: N	ho	us
		4100	DUE TO, O	R AS A CONSEQU	ENCE OF	, , ,	/	4		1
		Conditions, if ony, which	((b)_	Acute	mi	yreardial	infacc	low	7 30	days
	10	gove rise to immediate couse (0), stoting the	DUE TO, O	R AS A CONSEOU	ENCE OF	1 1	L.	4		
		underlying couse lost.	(c)_	Arter	ionel	enotic he	and diste	ul	1 41	ears
	z	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(0)
	OT.		1101 00110					V		
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDS	NGS USED S OF DEATH?
m	RT	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	NE IN LIN LIN V		Tal: How have account	YES NO		ES 🗍	NO 🗌
		OR CONTRIBUTING CAUSE OF D		M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18.	PART I OR PART ?)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED		.M. OF INJURY	19	21f LOCATION				
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, I	FARM, ETC)	STREET	CITY OR	TOWN	COUNTY	STATE
		AT WORK AT WORK			5-	21 10 87	<i>(-)</i>	71		
		22a.l certify that (I) (this has			/7	nd that in my) (our) opinion of	enth occurred on the	date and ba		that (I) (we) last
		sow the decessed live obove h (he) did did	not) view the body	ofter death	4	DE GREE_	acom occorred on me	dote ond no		SIGNED
		WS	1	2001		MD ATTENDING PHYSICIAN	MEDICAL ST	AFF	5-2	5-87
		22d. PHYSICIAN'S NAME (TYPE	ORTRINT			22e ADDRESS	1	1	1	1
		WS	Hood	1		645E 1	st st t	ager	stour	n Mol-
		URIAL, CREMATION, REMOVA	AL 236 DATE	23 (NAME OF C	EMETERY OR CREMATORY	23d LOCATION	0	COUNTY	STATE
	bu	rial	May 26	,1982 C	edar	Lawn Mem.Par	rk Hagers	stown	,Wash.,	Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT:

UNERAL DIRECTOR MINNICH FUNERAL DREHOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Amel ordered Talker and The Control of State

BP______ DHMH - 16 50M 1/B1 (VRA 15, 4) FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 9 2 8

<u> </u>	REGISTRAR			CERTIFI	CAIL OI DEATH	,	REG. N	10.		
	PECEASED NAME FIRST	Mi	DDLE	LA:	57	2	a. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
	Josh	AU	Adriv	GA !	Strite	2		5 12	785	6 P.M
3 S	EX	4 RACE		5. DATE OF			AGE (IN YEARS LAST BI	_	IF UNDER ! YEAR	IF UNDER 74 HRS
	male	White		1	19 0	٩	42	YRS.	AONIHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8 MAPPIED	NEVER MARRIED	9	BALTIMORE CITY	OR COUNTY	OF DEATH	
V	Maryland	O.	S.	WIDOWED		_	Washi	ngtor	1	MC
G 10. C	CITY OF TOWN OF DEATH		OSPITAL, NURSING FACILITY, GIVE STREET A		OTHER INSTITUTION		2a USUAL OCCUPAT			F BUSINESS OR
1	1 Agers Cown	Washi		ounty	<u> </u>		tarmir	9	Far	m
130	UAL RESIDENCE (IF NURSING HOME STATE 13b COI	YTAL	31. CITY OR TOWN	ADMISSION	13d. INSIDE CITY LIMI YES NO		Be. STREET ADDRESS	13	ox 43	35
A IA. F	ATHER'S ME	MIDDLE	LAST		MOTHER'S MAIDE	ENNAME	WIDDLE		IAS	
1.3	Toshua Rus	h S	Strite		Mary	C	aroline	SW	vord	
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 1	66 SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDR	ESS		
	No.		219-36-	2550	Mrs. Nel	llie	Strite	RFD-	-1 Big	Sprince
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUSE	only one cause per li	ne for (a), (b), and	(c).)	4.0	1				MATE INTERVAL DISET AND DEATH
		ATE CAUSE (o)	Myocal	rdist	Infar	cto	o-		<2	hrs
	14100	DUE TO OR	AS A CONSEQUE	NCE OF		89-11	- L = E + H			
,	Conditions, if ony, which	((b)	(1) -1		evesis					
	gove rise to immediate cause (a), stating the	(0)						1,5111		
	underlying cause lost.	DUE TO, OR	AS A CONSEQUE	NCE OF						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	ATRIBUTING TO D	EATH BUT N	IOT PELATED TO THE	ETEDAAINI	AL DISEASE OR COL	IDITION CIVE	ENLINI DADT 1	
CERTIFICATION	TO THE CONTROL OF THE PARTY.	Non.		EATH BOTT	OT KEERIED TO THE	LIERMIN	AL DISEASE OR CON	DITION GIVE	IN IN PART ITO	
7 8	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WASPERFORMED		20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
1 Ĕ							YES NOX	IN CERTIFY	YING CAUSES	OF DEATH?
1 8	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c. HOW INJURY O	CCURRED				NO []
	OR CONTRIBUTING CAUSE OF D	CAIN	. MONTH DA	Y YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M.		19	21f LOCATION					
ME			T, FACTORY, OFFICE, FA		STREET		CITY OR TO	OWN	COUNTY	STATE
	AT WORK AT WORK					70	M2-		27	
	22a. I certify that (1) (this has	Esh		No		72	10 1104 1	1		hat (I) (we) last
	saw the deceased alive a above, (1) (we) (did) (did)		fter death.	ond,	that in (my) (aut) ap	pinion dec	ath occurred on the d	ate and hour	and from the c	auses stated
	226 SIGNATURE	1 0		DE	EGREE			1 5/5/	22c DATE	- 0
1/	1 WWW Mus	118			ATTENDI PHYSICI	IAN A	MEDICAL STA	FF CIAN []	5-1	3-82
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS					
	MEBURK	+		A STATE OF	Willia.	111-	agent	Md		
23n	BURIAL, CREMATION, REMOVA		123¢ N	AME OF CEL	METERY OR CREMAT	TORY	1934 LOCATION	1 1 1		
	Burial	May 15		. 011		ORT	Frederic	10	COUNTY Md	STATE
1407	TOWER PROPERTY DE LA	1203	, 02, 110	• 013		DATE				
m.	Thoraco C	der	19602	· .		DATE R	EC'D. BY REGISTRAR	REGISTR	SSIGNAM	ACA-
TI	lompson Fune 1	al Home	Clear	sprir	ng Md.	MHI.	1 / 1982	TUNUS:	11	College /

Line Street 1/25 Pt. / etitle 1 -- 27 the self-time of the self-test and the self-time. to the design of the contract BURNETH AND ADDRESS OF THE PARTY OF THE PART

4		1.	FOR STATE REGISTRAR		DEPARTI	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYO FICATE OF DEATH	GIENES 2		3 9	2 9
6	W		CEASED NAME FIRST Lehma	ın T	homas	TAR	BART	May 13, 19	MONTH	DAY YEAR	R 26 HOUR
16	N.J.	3. SE	x nale	4. RACE white		Sept	E. 22 ^{AY} 1900	6. AGE (IN YEARS LAST BIR		IF UNDER I YE	
•	35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOW	DEVER MARRIED DIVORCED	9. BALTIMORE CITY O Washingt	R COUNTY	OF DEATH	
10 offer	by the f	of.	gerstown			IG HOME	Hospital DOA	120 USUAL OCCUPATION TEPATRON		E) 126. KINI	D OF BUSINESS C
212 ON 212	filled in ould be most to	13a S	AL RESIDENCE (IF NURS		GIVE RESIDENCE BEFORE Waynest		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
MARYLA	mpletely and 2 sh	14. FA	Joseph G. T	arbart	LAST		15. MOTHER'S MAIDEN NA FANNIE	Deet Spice			LAST
IMORE,	Poges 1	yė	VAS DECEASED EVER IN U.S. A S NO OR UNKNOWN) 1919	RMED FORCES? 1920 ATES)	166 SOCIAL SECU 214-34-2		Mrs. Genevi	eve Tarbart		erstov	wn, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PHYSICIAN: The low requires that the death restificate he executed within 24 hours	n signed by the attending phys. Then please remove carbon pap 'to burial, cremation, or remove injury, ar ather traumatic event,	NO	PART 2. OTHER SIGNIFICANT	ED BY: TE CAUSE (a) DUE TO, C (b) DUE TO, C (c)	MULA PRAS A CONSEQUI PRAS A CONSEQUI	ence of ence of		ROW, CUCU Cardiovasa duse	an	9	ROXIMATE INTERVAL EN ONSET AND DEATH MEMORY 11a
AL RECO	has been to permit.	CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF		IDINGS USED SES OF DEATH? NO []
NOF VIT.	certificate rrial-transi ental Hygi them 18 sh	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 P	ART OR PART :	
OIVISION NG PHY	attendir fter this as the bu th and M arked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTENDI	Spital or CTOR: A d for use . of Healinn 121 is mu		22a I certify that (1) (this hasp saw the deceased alive of abave (1) (we) (did this hasp	/1///		820	nd that in (ny) (our) opinion	death accurred on the	1/2. ate and hav	19	that (we) lo
TAL OR	y the horder detached to Dept to Detached to Tare Dept Tare The Ten		226 SIGNATURY Guld	la m	D.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF CIAN .	STA	114/82
HOSPII	FUNE Build be that the St PORTAN		22d. PHYSICIAN'S NAME (TYPE	DRON	M.D.		138 E	Autheton	5+	Hers	zelston

DHMH - 16 50M 1/81 (VRA 15, 4)

burial

24 FUNERAL DIRECTOR Minnich Funeral Home 415 E. Wilson Blvd. Hagerstwon, Md.

236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION May 17, 1982 Cedar Lawn Memorial Park Hagerstown, Md.

S. Charles Land U.S. Constitution payed the series last to the the state of

Sex	· M		CEASED NAME FIRST	STAUFFER	Wa	1Ker	May 19.		DAY YEAR	2b. HOUR
7a BRITHETACE STATE CARRIED NEVER MARRIED NEVER MARRIED Washington County	o. ě	3 SE	1/6/6/	4. RACE			6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24
MARRIED NORCED Washington County MARRIED NORCED Washington County Marryland U.S.A. MODVED MORCED NORCED Washington County Marryland Washington County Marryland Washington County Hospital Hagerstown Marryland Washington County Hospital SUJAL RESIDENCE (# Measure now counts a business and a business	urs aft			White	Oct	tober 11, 1894	87	YRS.	MONTHS DAYS	HOURS .
Hagerstown	n 72 ho	7a. BI	OUNTRY)	- The Control of the	MARRIE			-		
USUAL RESIDENCE (IF MURSHON HOME OF COME MAINTUINN OUT SESSION TO PART 1 TO FINANCE STREET ADDRESS 30 South Potomac Street STATE Maryland Washington Hagerstown 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 30 South Potomac Street Maryland Washington Hagerstown 154 MOTHER'S MAINTEN NAME 154 MOTHER'S MAINTEN NAME 155	iled with	100		(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOSTO Housewife	ON DE WORKING LII	126. KIND C	
Alvin Packer Stauffer Interest Name Alvin Packer Stauffer Interest McGauley Hoffman Alvin Packer Interest McGauley Hoffman Alvin McMallin Interest McG	could be f	13a S	TATE 13b. COUN	NTY 13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?				eet
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 17. INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only	ond 2 st	14 FA	FIRST		er	FIRST	ME		LA!	ST
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse lol, storing the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 4. OF TO 1 PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 4. OF TO 1 PART 4. DEATH WAS UNDERLYING TO 2 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. LIMPURY OCCURRED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (E	Poges 1		ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)			ADDRE	SS Sout	th Potor	mac St
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21d. INJURY OCCU	ottending physics carban paption, ar removo aumotic event,		4/40 IMMEDIAN Conditions, if any, which	TE CAUSE (o) Carallo	pal	monarg	Amest			entes
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OR	n signed by the ottending phys. Then please remove corbon pop in to burial, cremation, ar remove injury, or other troumatic event,	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2: OTHER SIGNIFICANT (DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	UENCE OF	MONANG NOT RELATED TO THE TERM		DITION GIV	Min	intes
WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK OFFICE, FARM, ETC.] 22a.1 certify that (1) (this hospital) attended the deceased from 19 2, to 19 2, to 19 3, that sow the deceased olive on obave. (1) the High (did) act view the body after death. DEGREE ATTENDING MEDICAL STAFF	hos be	TIFICATION	Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost. PART 2: OTHER SIGNIFICANT (ATTENTION OF COMMENT)	DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	UENCE OF	rease	INAL DISEASE OR CONT 20a AUTOPSY?	20b. IF YES	VEN IN PART 1(ol NGS USED
saw the deceased alive an source of the same of the sa	t permiene pri		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2: OTHER SIGNIFICANT (A) 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	UENCE OF DEATH BUT DEATH OPERATIO	N WAS PERFORMED	INAL DISEASE OR CONI 20a AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	VEN IN PART 1(S, WERE FINDING CAUSES SS C	NGS USED S OF DEATH!
Charles (Spencer 1198 Kenly Ave Magertown 1	orial-transit permitental Hygiene pri		Conditions, if any, which gave rise to immediate cause (ol, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (ACCIDENT WAS UNDERLYING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER CITE ITHER NOTIFY MEDICAL EXAMINER CAUSE OF DEAL CAUSE OF	DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR AM. MONTH IN P.M. 21c. PLACE OF INJURY	DEATH BUT DO DE	N WAS PERFORMED 21c. HOW INJURY OCCURS	INAL DISEASE OR CONE 20a AUTOPSY? YES NO EED (ENTER NATURE OF INJUR	20b. IF YES IN CERTIF YE	VEN IN PART 1(S, WERE FIND II FYING CAUSES S PART 1 OR PART 2)	NGS USED OF DEATH
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	DIRECTOR: After this certiticate has by coched for use as the burial-transis permit. Dept. of Health and Mental Hygiene pri. If hem 21 is marked or Item 18 shows on		Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost. PART 2: OTHER SIGNIFICANT (A) 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK (B) (a) (b) (b) (c) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	DUE TO, OR AS A CONSEOR (b) DUE TO, OR AS A CONSEOR (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH IN P.M. 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) (c) 19b. View the body after death.	DEATH BUT DO DE	N WAS PERFORMED 211. HOW INJURY OCCURF 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS	200 AUTOPSY? YES NO CITY OR TO: 10 CITY OR TO: APPLICAL STAP	20b. IF YES IN CERTIFY YER YEN ITEM IB F	VEN IN PART 1(S, WERE FINDIN FYING CAUSES S COUNTY 19 3 , Jr and from the	NGS USED S OF DEATH NO

se a secondario de exista que tempo en 1 est dat. 为分分的"STPLETTE 在我人人的产品的证明。" the training that the training attaches Parky and Land County County and County Description County eliterated lesioned winds not and land are arouse () Secretarional description of the Research of t and told refused plants of the terminal tenders taken Joseph A. Valker II. na proposit, in. 5-19-72 Und shall the Original Start The sign of the section A. M. Ac. thus, a morel more, inc., Suggraver, Took Man in

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 28. DATE KNOWN (TYPE OR PRINT) Glendon Albert Walters ESTI-DEATH MATED TED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEAS NO PENCIL IN TIEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTO XAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILE—ALTRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOUR MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W, PRESTON STRIFT N, OR REMOVAL. 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED White Sept. 16, 1926 55 Male DEAD 28 1982 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland ISA Washing to 4 DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Washington County Hospital FOR MOST OF WORKING LIFE)
Truck Driver Hagers town Motor Lines USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Oldtown Md. YES . NO DO none 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Jacob Wlbert Walters Winifred Nixon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-22-6133 Yes War II Mrs. Arvalene Walters, Oldtown, Md. Wife FF MEDICAL EXAMINER ALONG WITH ED AS A BURIAL - TRANSIT PERMIT, PAGHELHTH AND MENTAL LICENTER. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Hotor Vehicle Collision - E-816 Motor Vehicle IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause lost. Fallune - Following Above PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED / 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A FUNERAL DIRECTOR; PAGE 3 SHOULD BE VED WATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARWAND, 21201 PRIOR TO BURIAL, 4/20/82 troussection SYOMACH Adhesibus YES NO E 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR 30 1982 UNDERLYING Rear End Vehicular Collision MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. AT WORK HOT WHILE Sideling 94WZY WOIL 220. I certify that I took charge af the remains described above, held an death resulted from: Notural couses Homicide Undetermined manner MEDICAL EXAMINER itto at Happerstown, nd 2129 Burial 5-31-1982 Davis Memorial Cemetery Cumberland, Allegany, Md. BP RIC'D. BY SEGISTRAR IN ALL IN A SECURITION 24 FUNERAL DIRECTOR **DHMH-17** James F. Scarpelli, Cumberland, Md. (VR A15 ME (5)) 15M 2/80

The state of the s All the Articles of the Control of t

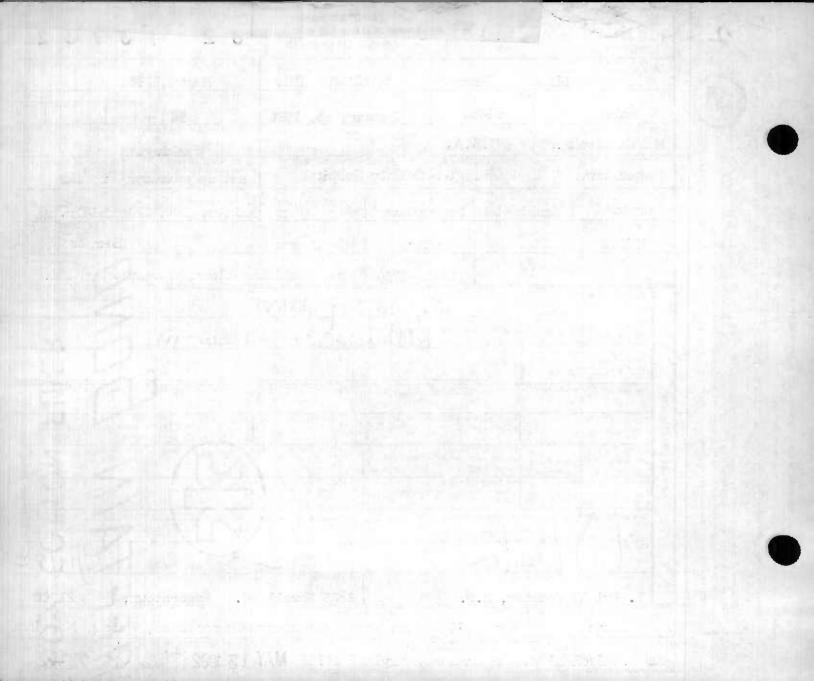
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENES
CERTIFICATE OF DEATH	O

1.	• STATE REGISTRAR			DET	CERTIF	ICATE OF DEATH	GIENE S.	Z REG. N	10.	, 9	5 2		
	CEASED NAME	FIRST	^	AIDDLE	1	AST	2a. DATE	OF DEATH	MONTH DAY	Y YEAR	2b. HOUR		
	V	Villiam		rcy	WAI	LTERS, SR.		May	9, 1982		M		
3 SE	X	- 4	RACE		S. DATE C		6 AGE	IN YEARS LAST BI	RTHDAY) IF	UNDER 1 YEAR	R IF UNDER 24 HRS		
	male	878-38	whit	e		ary 26, 1928		5	4 YRS.	DATS	HOURS MIN.		
	IRTHPLACE (STATE OR		L CITIZEN OF	WHAT COUN	TRY2 8	D NEVER MARRIED	9 BALTIA		OR COUNTY O	FDEATH			
N	orth Carol	ina	U.S	.A.	WIDOWE			TATOO	hinator	. 1336	MD		
10 C	ITY OR TOWN OF DE	ATH 1	II. NAME OF	IOSPITAL, NU		OR OTHER INSTITUTION	12a USU	AL OCCUPAT	hingtor		OF BUSINESS OR		
	agerstown			_		Hospital	set	up or	of working life) erator	tru			
13a. 3	AL RESIDENCE (IF NUR	13b COUNT		GIVE RESIDENCE I		1 13d. INSIDE CITY LIMITS?	13. STREE	T ADDRESS					
M	laryland	Wash	ington		rstown	YES NO X			N. Colo	nial I	Dr.		
14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA							
8	William	_	IDDLE	Walt		Treva		MIDDLE		Barne	es		
	WAS DECEASED EVER				SECURITY NO.	17. INFORMANT		ADDR	ESS				
- (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	245-2	2-4760	Mrs. Kathle	en Wa	lters,	Hagers	town	, Md.		
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	y one couse per BY:	line for 18 . 16	ond ici	any pones				BETWEEN	XIMATE INTERVAL ONSET AND DEATH		
	11-0	IMMEDIATE	CAUSE (o)	1667	THOOT	OLD MAILS	<u> </u>						
	1629		DUE TO, OF	AS A CONS	SOMENCE OF	1300 13	000	-1 .00					
	Conditions, if any		(b)		\$10 NON GENIO CARGINO				M				
	couse (a), statir	ng the	DUE TO, OF	AS A CONSI	EOUENCE OF								
	underlying couse	lost	((c)										
_	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISE	ASE OR CON	IDITION GIVEN	IN PART 1	101		
CERTIFICATION													
CAT	19a DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AL	TOPSY?	20b. IF YES, V	VERE FIND	INGS USED		
TE							YEST	NOU	YES I		S OF DEATH?		
CER	210. ACCIDENT WAS UN	DERLYING _	216. TIME O			21c HOW INJURY OCCUR	RED (ENTER	- transit	1	_			
	OR CONTRIBUTING				DAY YEAR								
MEDICAL	216 INJURY OCCUR		P./ 21e PLACE (19	211 LOCATION							
AE.	WHILE NOT WE	HILE [7]	(AT HOME, STR	ET, FACTORY OF	FICE, FARM ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE		
10.5		AT WORK AT WORK											
	22e I certify that (I) (this hospital) attended the deceased from												
	obove, (I) welve	the deceased olive on									couses stated		
	226. SIGNATURE	11				DEGREE		12/6		22c. DATE	SIGNED		
		NU	01/1/			ATTENDING PHYSICIAN	DIRECTO			1	110/42		
	22d PHYSTCIAN'S N	AMP (TYPE OR	PRINT)	2031113		22e ADDRESS				1			
	L. Dwight					1825 Howell	Rd.	Hage	rstown,	MD	21740		
23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY		CATION ITY OR TOWN		OHNIY	STALE		
	burial		May 11	,1982	Rest Ha	ven Cemeter	y Ha	gersto	own, Wa	ash.,	Maryland		

DHMH-16 50M 1/81 (VRA 15, 4)

MPORTANT: If he

415 E. Wilson Blvd., Hagerstown, Maryland 21740



	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENES 9	3 9 3 3
	Ŀ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0 / 0 0
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1040		Della		Weaver	May 19, 19	982 9:30pm
1	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
116		Female	White	Oct. 6. 1902	79 YR	Mile.
to		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
77	Me	ercersburg	USA	WIDOWED DIVORCED	Washington	n County MD
3-10	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
8/1	Ha	gerstown		ounty Hospital	TIPE OF WORK FOR MOST OF WORKING	Street HADOSTKI
301	13a.	AL RESIDENCE (# NURSING HOME COTATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS	
10			hington Hager			ington St. Hag
and a		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LILE VOIL DU . HAE
2//		Charles	Robinson	Marv	MIDDLE	"Raidell"
10		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU		ADDRESS MA	
7/	l '	res, no or unknown) (if yes, g	VE WAR OR DATES) 217_32	-6063 Charles W	Meaver Hagana	augans Avenue
¥ .			nly ane cause per line far (a), (b), an		reaver , Hapers	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent	1	PART I. DE ATH WAS CAUS	ED BY. TE CAUSE (0) Cerebra			
tic e		11-211 A				Hours
O W	1	Conditions, if ony, which	DUE TO, OR AS A CONSEOU			Years
r fro		gave rise to immediate cause (a), stating the				Icars
athe		underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF		
0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN ALDISEASE OF CONDITION (CIVEN IN PART 1:-
5	NO	Diabetes	20111110110	DEATH OUT NOT NEED TO THE TEN	WILL DISEASE ON CONDITION	SIVER IN PART 110
à o	AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
São de	Ē				YES NOW	TIFYING CAUSES OF DEATH? YES NO \(\bigcap \)
S Supor	CERTIFICATION	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM	
E		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
	Z	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
8			ital) attended the deceased from_	7/30/57	to 5/19/82	
51 12			5/19/82 by view the body after death.	, and that in (my) (our) opinion	death occurred on the date and h	1101 (11 (110) 1031
E		22b. SIGNATURE	of) view the body after death.	DEGREE		22¢, DATE SIGNED
=	100	141	Well Miles	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5/21/82
Z		22d PHYSICIAN'S PLAME THE	THE PROPERTY OF THE PARTY OF TH	22e ADDRESS	M DIRECTOR PHYSICIAN	3/21/02
MPORTANT		Howard N. W	eeks. M.D.	580 North	ern Ave, Hag.	Md.
OW!	73n P	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
		SPECIFY)			CITY OR TOWN	wash. MD
1 (0.1	24 FL	Burial INERAL DIRECTOR		st Haven Cemete		I Wasii - PID
1/B1		NAME	etery Hag. MD	ennsylvania	MY 9 5 1000 12	Qualler.
	116	Be Havell Cell	Hag. MD	21740 Ave.	71 6 3 306 74	production of the same

Mark Aworersand vancous lover tower Targer Same

signed by the attending physician and completely filled in by the fu hen please remove carbanpapers. Pages I and 2 should be filed with

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar Item 18 shows any

1						STATI	E OF MARYLAND						
	1 -	FOR STATE REGISTRAR			DEPARTN	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	o.	3 9	34		
		EASED NAME	FIRST	٨	AIDDLE	l	AST	28. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR		
	(IIII)	OK FRIINT)	Georg	ge W	illiam	Wes	aver	May 6, 19		M			
	3 SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
		Male		Whit	e	May	13, 1911	70	YRS.	MONTHS	HOURS MIN.		
2	CO	THPLACE (STATE OR FO			WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	_				
1		ennsylvani		U.S.		WIDOWE		Washingto		inty	MD		
		Y OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A LN HOME TO	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Mechanic		E) INDUSTRY	Dealer		
1		agerstown	ING HOME OR				a wariia	Mechanic		Auco	pearer		
4	13a. S	aryland	136 COUN		Hagerstown	N	13d. INSIDE CITY LIMITS?	130. SIREET ADDRESS 414 Mitchell Avenue					
1	14. FA	THER'S NAME	N	MDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	st		
l		Lewis			Weaver		Eva			Seaco	rd		
		'AS DECEASED EVER		WAR OR DATES)	16b SOCIAL SECUI		17 INFORMANT	41409	[tche]	ll Aven	ue		
		No		-	214-09-0876 Naomi R. Wea				Hagerstown, Ma.				
		18 CAUSE OF DEAT			fine for (a), (b), and	l ich). N . O .				ONSET AND DEATH		
		11.70		E CAUSE (a)	anu	eal	megaste	ous		IVI	ca,		
		1627		DUE TO, OI	RASPCONSEQUE	NCE OF	1 £		Mos.				
		Conditions, if ony, gove rise to im-	mediote	(b)	Curre		O V						
		underlying couse	9		R AS A CONSEQUE	NCE OF							
ď		PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	01		
	NO												
d	CERTIFICATION	19a DATE OF OPERATION		19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDING CALLSES					
1	TIF						YES NO YES NO						
3		210. ACCIDENT WAS UNE		216. TIME O	FINJURY M. MONTH DA	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	PART 1 OR PART 2)					
	CAL	(IF EITHER, NOTIFY MEDIC		P.,		19			2005				
	MEDICAL	21d. INJURY OCCURE		216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CIT				CITY OR TOV	CITY OR TOWN COUNTY STATE				
		AT WORK NOT WE	ORK				1	- 1 W	61 10	0	200		
P		22s.I certify that (I)		//	May 19	P2-	. 19	, 10 6 / 2	1		that (I) (we) lost		
		sow the decease above, (I) (we) (c					nd that in (my) (our) opinion o	death occurred on the do	ite and hou				
		226. SIGNATURE	111.	fra.	uA		DE GREE ATTENDING	MEDICAL STAI	·F _	22c. DATE	SIGNED		
		X V	1/1/2	XINA	- Marie		DHYCICIANI	DIRECTOR WOLLVEIC	TANI	1 1 7	IX		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

220, PHYSICIAN'S NAME (TYPE OR PRINT)

.D. WILSON, M.D.

Burial 5-8-82

236. DATE

23c. NAME OF CEMETERY OR CREMATORY

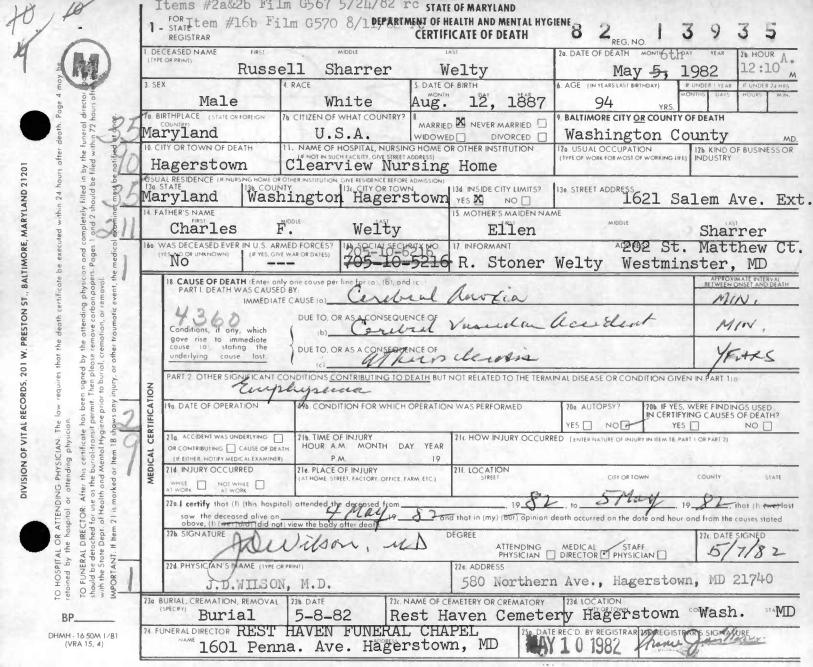
22e. ADDRESS

133d. LOCATION
CITY OR TOWN
Hagerstown, Washington, Md.

580 Northern Ave. ... Hagerstown, MD 21740

Rest Haven Cemetery 1250. BATE REC A. K. Coffman Funeral Home, Inc., Hagerstown, Md.

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		FOR			DEB	ADTME		OF MARYLAND	CITAIT -						
	1.	STATE REGISTRAR			DEF			EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	2	1 3	9	3 6		
	1 DE	CEASED NAME	FIRST		MIOOLE		į,	AST	2e. DATE C	REG. NO.		YEAR	Zb. HOUR		
9 ° 9	(TYPI	Albert	New	ton W	erking				Morr	17 1000	2				
1 60	3. SE		New	4 RACE	GLYTHA	-	DATEO		May 17, 1982 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR.						
I LEWIN I		Male	2.5	Whit			Mav		8	0	YRS.	NIHS OAYS	HOURS MIN		
I Want		BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF		TRY? 8			9 BALTIM	ORE CITY OR		FDEATH			
1 经 数		Maryland	7777	MARRIED NEVER MARRIED WIDOWED DIVORCED				Washington, County MD							
a de	10. C	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NI	URSING I	HOME O	R OTHER INSTITUTION	120 USUAL	LOCCUPATIO	N		F BUSINESS OR		
rs of by the	H	Hagerstown Route # 5 Box 6							(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salesman Auto Dealer						
be be	USU 13e	AL RESIDENCE (IF NURS	NG HOME OR	OTHER INSTITUTION	13c. CITY OR		MISSION)	13d INSIDE CITY LIMITS?	13e. STREET	TADDRESS					
in 24 h y filled should E		ryland	Wash	ington	Hager	stow	n	YES NON	Ro	ute # 5	5 Be	ox 6			
d 2 d	14. F/	ATHER'S NAME	٨	AIDDLE	LAS			15. MOTHER'S MAIDEN N	AME	MIDDLE		LAS	T		
ex.		Leonard	F.		Werkin		4.7	Cora	E	•	Fox				
Pages		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL	SECURIT	Y NO.	17. INFORMANT			Route				
9 00 0		No			214-0	9-25	00	Frances L.	Werkin	g Hag	gersto				
physicic anpoper emovol.	U	18 CAUSE OF DEATH PART I. DEATH W	M (Enter onl	ly one couse per	line forto), (b), and to	to	- 2	0-	11 1	white	BETWEEN	MATE INTERVAL		
9 50 - 1	131	11.	IMMEDIAT	E CAUSE (0)	(LA	M	We.	mysca	nous		1	7	day		
endir endir on, or		4100		DUE TO, O	RAS A CONS	EQUENC			Ones	de	20	0			
e deat e offer mave c notion,		Conditions, if ony, gove rise to imm	nediote	(6)—	100	5	ne	- Con	J	/ -					
that the d by the ease recol, crer	18	underlying couse		DUE TO,	RASACONS	EQUENC	2 CL	utc	CI	0.0		19	long		
gne burn ry,	z	PART 2: OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING	STODEA	ATH BUJ	NOT RELAYED TO THE TER	MINAL DISEA	SE OR COND	ITION GIVEN	IM PART 1(A Offert		
been si mit. The prior to ony inju	CERTIFICATION	19a DATE OF OPERAT	ele	JUN COND	elle William FOR W	WICH OF	SEDATION .	N WAS PERFORMED	20g AUT	OBSV2 I	20b IF YES, W	VEDE SINIDIA	our of		
n. n. ne lo	Į,	196 DATE OF OPERA	1014	176 COND	IIION FOR W	IIICH OF	EKATIOI	N WAS PERFORMED		The Care	IN CERTIFYIN	VG CAUSES	OF DEATH?		
sicio sicio ate h ansit lygie 3 shor	ERT	71a. ACCIDENT WAS UND	ERLYING T	216. TIME C	OF INJURY			21c. HOW INJURY OCCU	RRED (ENTER N	NO A	YES [NO 🗌		
trySiCIAN: The drag physicia is certificate buriol-tronsit Mental Hygies or Item 18 sho		OR CONTRIBUTING			M. MONTH	DAY	YEAR 19								
Men Men	MEDICAL	21d. INJURY OCCUR	- /	21e PLACE	OF INJURY			21f LOCATION							
NG PH after thi os the l th and orked o	Z	WHILE NOT WE	RK -	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM	A, ETC.)	STREET	2	CITY OR TOWN		COUNTY	STATE		
Africa or see of the colif		22a I certify that (I)	XXXXX	XI) ottended th	e deceosed f	rom	10	TO 19/6	, to	date	. 19		that (I) (Xe) last		
ATTER Sprita CTOP for of H		sort the decease	d olive on	I wew the body	cofter with	19		d that in (my) (XX opinion	deoth occurr	red on the dot	e ond hour or	nd from the	couses stated		
OR ATT be hospit DIRECTC sched for Dept. of t ftem 21		276 SIGNATINEY		1/	//	6		PERE MAN	C			22c. DATE	SIGNED		
Y the y the SAL D detoc detoc D'I: If I	1	Mus	ref	1/1	any	m	ef		MEDICAL DIRECTOR	STAFF	AN 🗌	18 M	ay, 1982		
HOSPITAL ined by the FUNERAL wid be deta the Store ORTANT:	1	274 PHYSICIAN'S NA	WE LANE OF	Minut) (/			77* ADDRESS							
TO HOSPITAL of retoined by the TO FUNERAL Should be detoined the Stote EIMPORTANT: If		Richard T		ford, M	.D.	100		1135 Potomac			stown,	Maryl	and 2174		
75 - 4 3 5 4	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE		230 NA	ME OF C	EMETERY OR CREMATORY	23d. LOC	ATION OR TOWN	co	YTHUC	STATE		
BP		Burial		5-19-8	32	Re	est	Haven Cemeter		erstow	n. Was	hingt	on, Md.		
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR	-		AODRE	00				REGISTRAR 2	56. REGISTRA	R'S SIGNAT	URE"		
		A.K. Coffma	in Fur	neral He	ome, Inc	., He	ager	stown, Md. MA	Y211	982 72	******	Van T	Wille.		

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FOR - STATE

REGISTRAR

BOX 122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D) 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED BP. DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 24, 1982 12:20a M Robert Wright Mathews May 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR July 25, 1916 65 Male White To BIRTHPLACE I STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED COUNTRY USA Ohio DIVORCED [Washington WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Truck Washington County Hospital Inspector Hagerstown 13g STATE 13d INSIDE CITY LIMITS? Route 3 Box # Maryland Washington Hagerstown 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mathews He len Clifford Marion Wright A 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) 273-12-6714 item 13 above Mrs. Hester G.Wright ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which tous e c gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY STATE (AT HOME, STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from C sow the deceased alive on. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) wew the bady after death DEGREE 220 DATE SIGNED ATTENDING MEDICAL **PHYSICIAN** DIRECTOR PHYSICIAN MPORTANT. 274 PRIVEICIAN'S NAME LOVE OF PENT 22e ADDRESS Frederic H. Kass III. M.D. 1825 Howell Rd. Hagerstown, MD 21740 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE SmithsburgWashingtonMary land May 24, 1982 Smithsburg Crematory Cremation 29 DIE 45C D. B JOSTRAP WHEN THE STOMAT WAS 24 FUNERAL DIRECTOR 21795 DHMH - 16 50M 1/B1 Major M. Osborne P.O. Box # 348 Williamsport, MD

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